

FORM 1.997. CIVIL COVER SHEET

The civil cover sheet and the information contained in it neither replace nor supplement the filing and service of pleadings or other documents as required by law. This form must be filed by the plaintiff or petitioner with the Clerk of Court for the purpose of reporting uniform data pursuant to section 25.075, Florida Statutes. (See instructions for completion.)

I. CASE STYLE

IN THE CIRCUIT/COUNTY COURT OF THE ELEVENTH JUDICIAL CIRCUIT,
IN AND FOR MIAMI-DADE COUNTY, FLORIDA

MSP Recovery Claims Series 44, LLC

Plaintiff

Case # _____

Judge _____

vs.

State Farm Mutual Automobile Insurance Company

Defendant

II. AMOUNT OF CLAIM

Please indicate the estimated amount of the claim, rounded to the nearest dollar. The estimated amount of the claim is requested for data collection and clerical processing purposes only. The amount of the claim shall not be used for any other purpose.

- \$8,000 or less
- \$8,001 - \$30,000
- \$30,001- \$50,000
- \$50,001- \$75,000
- \$75,001 - \$100,000
- over \$100,000.00

III. TYPE OF CASE (If the case fits more than one type of case, select the most definitive category.) If the most descriptive label is a subcategory (is indented under a broader category), place an x on both the main category and subcategory lines.

CIRCUIT CIVIL

- Condominium
- Contracts and indebtedness
- Eminent domain
- Auto negligence
- Negligence—other
 - Business governance
 - Business torts
 - Environmental/Toxic tort
 - Third party indemnification
 - Construction defect
 - Mass tort
 - Negligent security
 - Nursing home negligence
 - Premises liability—commercial
 - Premises liability—residential
- Products liability
- Real Property/Mortgage foreclosure
 - Commercial foreclosure
 - Homestead residential foreclosure
 - Non-homestead residential foreclosure
 - Other real property actions
- Professional malpractice
 - Malpractice—business
 - Malpractice—medical
 - Malpractice—other professional
- Other
 - Antitrust/Trade regulation
 - Business transactions
 - Constitutional challenge—statute or ordinance
 - Constitutional challenge—proposed amendment
 - Corporate trusts
 - Discrimination—employment or other
 - Insurance claims
 - Intellectual property
 - Libel/Slander
 - Shareholder derivative action
 - Securities litigation
 - Trade secrets
 - Trust litigation

COUNTY CIVIL

- Small Claims up to \$8,000
- Civil
- Real property/Mortgage foreclosure

- Replevins
- Evictions
 - Residential Evictions
 - Non-residential Evictions
- Other civil (non-monetary)

COMPLEX BUSINESS COURT

This action is appropriate for assignment to Complex Business Court as delineated and mandated by the Administrative Order. Yes No

IV. REMEDIES SOUGHT (check all that apply):

- Monetary;
- Nonmonetary declaratory or injunctive relief;
- Punitive

V. NUMBER OF CAUSES OF ACTION: []

(Specify)

3

VI. IS THIS CASE A CLASS ACTION LAWSUIT?

- yes
- no

VII. HAS NOTICE OF ANY KNOWN RELATED CASE BEEN FILED?

- no
- yes If "yes," list all related cases by name, case number, and court.

VIII. IS JURY TRIAL DEMANDED IN COMPLAINT?

- yes
- no

IX. DOES THIS CASE INVOLVE ALLEGATIONS OF SEXUAL ABUSE?

- yes
- no

I CERTIFY that the information I have provided in this cover sheet is accurate to the best of my knowledge and belief, and that I have read and will comply with the requirements of Florida Rule of Judicial Administration 2.425.

Signature: s/ Natalie Marie Rico
Attorney or party

Fla. Bar # 65046
(Bar # if attorney)

Natalie Marie Rico
(type or print name)

06/16/2022
Date

IN THE COUNTY COURT OF THE
11th JUDICIAL CIRCUIT IN AND FOR
MIAMI-DADE COUNTY, FLORIDA

MSP Recovery Claims Series 44, LLC,

Plaintiff,

CASE NO.:

State Farm Mutual Automobile
Insurance Company,

Defendant.

/

COMPLAINT

Plaintiff, MSP Recovery Claims Series 44, LLC (“Plaintiff” or “MSP Recovery”) files this Complaint against State Farm Mutual Automobile Insurance Company (“Defendant”).

OVERVIEW

1. This is an action under Title XVIII of the Social Security Act, 42 U.S.C. § 1395 et seq., to enforce the right of reimbursement of Medicare conditional payments pursuant to 42 U.S.C. § 1395y(b) and 42 U.S.C. § 1395w-22(a)(4). MSP Recovery seeks to recover certain conditional payments of Medicare benefits that its assignor, Health First Health Plans, Inc. (“HFHP”), made with respect to medical expenses for items and services incurred by E.B.¹, a Medicare beneficiary, for which Defendant was the primary payer under the Medicare Secondary Payer Act (“MSP Act”).

PARTIES

2. MSP Recovery is a Delaware series limited liability company with a principal place of business in Coral Gables, Florida. MSP Recovery, through its operating agreement, has standing

¹ Upon the entry of a protective order, Plaintiff will file the full name of this beneficiary under seal to comply with the Health Insurance Portability and Accountability Act of 1996 and its related administrative regulations.

to file suit on behalf of its series LLCs, and through that operating agreement, MSP Recovery has the right to pursue the claims assigned by HFHP.

3. MSP Recovery has established various designated series pursuant to Delaware law in order to maintain various claims recovery assignments separate from other Company assets, and in order to account for and associate certain assets with certain particular series. Pursuant to MSP Recovery's limited liability agreement, all designated series form a part of MSP Recovery. MSP Recovery may receive assignments in the name of MSP Recovery and further associate such assignments with a particular series or may have claims assigned directly to a particular series. In either event, MSP Recovery will maintain the right to sue on behalf of each series and pursue any and all rights, benefits, and causes of action arising from assignments to a series. Any claim or suit may be brought by MSP Recovery in its own name, or it may elect to bring suit in the name of its designated series.

4. MSP Recovery's limited liability agreement provides that any rights and benefits arising from assignments to its series shall belong to MSP Recovery.

5. HFHP, contracted with the Centers for Medicare and Medicaid Services ("CMS") to administer Medicare benefits for Medicare beneficiaries who elect to enroll in the Medicare Advantage (Part C) and Medicare Prescription Drug (Part D) programs. As such, HFHP is a Medicare Advantage ("MA") organization ("MAO").

6. Series 44-20-456 is a designated series of MSP Recovery and holds the rights, pursuant to a valid assignment agreement, to pursue the claims assigned by HFHP.

7. Defendant State Farm Mutual Automobile Insurance Company is an Illinois company with its principal place of business at 1 State Farm Plaza Bloomington, IL 61710.

VENUE & JURISDICTION

8. This is an action for damages that do not exceed \$30,000.00, exclusive of interest, attorneys' fees, and costs. This action is within the subject matter jurisdiction of this court.

9. Venue is appropriate within Miami-Dade County pursuant to Fla. Stat. 47.051 because the Defendant does business in the state of Florida, specifically Miami-Dade County, and has agents or other representatives in Miami-Dade County.

FACTUAL ALLEGATIONS

10. HFHP contracts with CMS to provide and administer Medicare benefits for Medicare enrollees under Medicare Part C, the Medicare Advantage program.

11. E.B. is a Medicare beneficiary, who—at the time of the events giving rise to this action—resided in Bunnell, Florida.

12. E.B. elected to obtain Medicare benefits through participation in a Medicare Advantage plan administered by HFHP and was enrolled on January 11, 2017, through all times relevant to this Complaint.

13. E.B. was involved in an automobile accident on January 11, 2017. E.B. was the driver of a 2015 Chevrolet sport utility vehicle when he was involved in a collision with another driver who was operating a 2000 Volkswagen four door vehicle at the intersection of E. State Road 100 Hwy. and Landing Blvd. in Flagler County, Florida. *See Exhibit A attached hereto.*

14. As a direct and proximate result of the accident, E.B. sustained injuries, attached hereto as Exhibit B, which included:

- a. S50.812A: Abrasion of left forearm, initial encounter;
- b. R07.89: Other chest pain;
- c. S29.9XXA: Unspecified injury of thorax, initial encounter;
- d. R06.00: Dyspnea, unspecified;

- e. V89.2XXA: Person injured in unspecified motor-vehicle accident, traffic, initial encounter; and
- f. I10: Essential (primary) hypertension.

15. E.B. obtained treatment for accident-related injuries on the same date of accident, January 11, 2017, from the following medical providers: Flagler County Fire Rescue, Florida Hospital Flagler and AdventHealth Orlando. Those treatments, attached hereto as Exhibit B, included:

- a. CPT Code A0428: Bls [X];
- b. CPT Code A0425: Ground mileage [X];
- c. CPT Code 99284: Emergency dept visit;
- d. CPT Code 84484: Assay of troponin quant;
- e. CPT Code 71010: Chest x-ray 1 view frontal; and
- f. CPT Code 93005: Electrocardiogram tracing.

16. E.B.'s medical providers billed HFHP for the accident-related items and services E.B. received on January 11, 2017. The total amount of the charges was \$5,827.31.

17. HFHP made conditional payments of Medicare benefits on behalf of E.B. on January 29, 2017, February 26, 2017, April 16, 2017, April 30, 2017, July 9, 2017, July 30, 2017, August 6, 2017, and September 17, 2017. E.B.'s accident-related items and services would normally be valued at a commercially billed amount of \$5,827.31. Further, Defendants would have been billed for this amount by E.B.'s providers for accident-related items and services had HFHP not made conditional payments at a different rate. Because of this, HFHP is entitled to seek reimbursement for the commercially billed amount of \$5,827.31, because Defendants are not entitled to receive a windfall resulting from their failure to timely reimburse under the MSP Act.

18. While HFHP was making its conditional payment, E.B. simultaneously made a claim against a no-fault policy ("No-Fault Policy") issued to him by the Defendant. The No-Fault Policy provided coverage for any medical expenses resulting from the accident. E.B.'s claim included a

claim for the repayment of medical expenses, which necessarily included the conditional payments made by HFHP.

19. Defendant reported its primary payer plan status to CMS under its statutory and contractual obligations. In that report, Defendant described the accident, listed the reporting entity, identified the type of insurance coverage involved (no-fault), and admitted its primary plan status with respect to any conditional payments that an MAO made on behalf of E.B. However, Defendant failed to reimburse HFHP for E.B.’s accident-related medical expenses.

20. By virtue of the No-Fault Policy, Defendant became a primary plan with a duty to repay HFHP.

21. Medicare plans—including the private Medicare plan involved in this case—have a policy of “paying in the dark”^[1] for their enrollees’ medical expenses (i.e., Medicare pays for medical expenses so that their enrollees can receive timely medical care even if another party is obligated to pay for the expenses first). However, the Trust is legally obligated to reimburse Medicare plans for those medical expenses. *See United States v. Baxter Int'l, Inc.*, 345 F.3d 866, 901 (11th Cir. 2003).

22. Under the Medicare Secondary Payer law, “[a] primary plan’s responsibility [as the primary plan] for such payment may be demonstrated by a judgment, a payment conditioned upon the recipient’s compromise, waiver, or release (whether or not there is a determination or admission of liability) of payment for items or services included in a claim against the primary plan or the primary plan’s insured, or by other means.” 42 U.S.C. § 1395y(b)(2)(B).

^[1] See *United States v. Baxter Int'l, Inc.*, 345 F.3d 866, 901 (11th Cir. 2003).

23. On January 7, 2022, Plaintiff sent the Defendant a demand letter pursuant to Florida Statute § 627.736, advising the Defendant of its rights to seek reimbursement as a Medicare and/or Medicaid assignee for E.B.’s injuries resulting from the accident that took place on January 11, 2017, and requesting information regarding the Defendant’s No-Fault Policy. *See Exhibit C* attached hereto.

24. In response, Defendant sent a letter dated January 24, 2022, advising that E.B.’s claim “involves [their] policy language.” *See Exhibit D* attached hereto.

25. Defendant, by virtue the No-Fault Policy, became the primary plan under the MSP Act. As such, Defendant was required to make appropriate reimbursement for the conditional Medicare benefits advanced by HFHP on behalf of E.B. Defendant was required to reimburse HFHP within 60 days of date of the payment of benefits under the No-Fault Policy. It did not.

26. The provisions governing Medicare Advantage, Medicare Part C, reference the MSP law, notably in the provisions regarding an MAO’s right to charge for reimbursement of conditional benefits. 42 U.S.C. § 1395w-22(a)(4). Section 1395w-22(a)(4) provides that under circumstances in which the MSP law makes the MAO’s payments secondary, the organization may charge, or authorize the actual providers to charge, the primary payer or the enrollee. It further provides that the MAO may charge, or authorize the actual providers to charge, at the rates a Workman’s Compensation plan, auto or liability insurer, or No-Fault insurer, as the case may be, would ordinarily pay, unrestrained by the usual restrictions imposed by Medicare. In this case, those charges would be at least \$5,827.31.

27. No one has reimbursed HFHP for the conditional payments that HFHP advanced for items and services received by E.B. as a result of the accident.

28. Plaintiff complied with any and all conditions precedent to the filing of this action, to the extent applicable.

ASSIGNMENT ALLEGATIONS

29. Plaintiff has the legal right to pursue this MSP Act claim pursuant to valid assignment agreements.

30. Effective April 28, 2016, HFHP, a Medicare Advantage organization, irrevocably assigned all rights to recover payments made on behalf of its Enrollees to MSP Recovery, LLC (the “HFHP Assignment”). The HFHP Assignment expressly provides, in pertinent part:

Client hereby irrevocably assigns, transfers, conveys, sets over and delivers to MSP Recovery, and any of its successors and assigns, any and all of Client’s right, title, ownership and interest in and to all Claims existing on the date hereof, whether based in contract, tort, statutory right, and any and all rights (including, but not limited to, subrogation) to pursue and/or recover monies for Client that Client had, may have had, or has asserted against any party in connection with the Claims and all rights and claims against primary payers and/or third parties that may be liable to Client arising from or relating to the Claims, including claims under consumer protection statutes and laws, and all information relating thereto . . . all of which shall constitute the “Assigned Claims.”

...

The transfer, grant, right, or assignment of any and all of Client’s right, title, ownership, interest and entitlements in and to the Assigned Claims shall remain the confidential and exclusive property of MSP Recovery or its assigns. This assignment is irrevocable and absolute.

HFHP Assignment.²

31. On June 12, 2017, MSP Recovery, LLC assigned all rights acquired under the HFHP Assignment to Series 16-05-456, a designated series of MSPRC (the “Series Assignment I”). The Series Assignment I states:

[T]he undersigned Assignor . . . irrevocably assigns, sells, transfers, conveys, sets

² The agreements entered between MSP Recovery, Health First Administrative Plans, and Health First Health Plans have been the subject of much litigation over the last three years. However, the Court of Appeals for the Eleventh Circuit in *MSP Recovery Claims, Series LLC v. QBE Holdings, Inc.*, 965 F. 3d 1210 (11th Cir. 2020) held that the referenced document properly assigned the claims and is the relevant document that provided MSP standing to assert HFHP recovery rights.

over and delivers to Assignee and its successors and assigns, any and all of Assignor's right, title, ownership and interest in and to the Claims and Assigned Claims, (and all proceeds and products thereof, including any related assigned assets and assigned documents) as such terms are defined or contained in that certain (1) Assignment and (2) Addendum to the Recovery Agreement and Assignment Addendum, both given and effective April 28, 2016 and executed on June 1, 2018, by and between Health First Health Plans, Inc., a Florida corporation and Medicare Advantage Organization and party to contract number H1099 with The Centers for Medicare & Medicaid Services, as the "Client" and health plan assignor, and [MSP Recovery], a Florida limited liability company (the "Assignment"); irrespective of when the claims were vested in Client, inclusive of any and all claim(s), causes of actions, proceeds, products and distributions of any kind, and proceeds of proceeds, in respect thereof, whether based in contract, tort, statutory right, and any and all rights (including, but not limited to, subrogation) to pursue and/or recover monies that Assignor had, may have had, or has asserted against any party pursuant to the Assignment from the Client, including claims under consumer protection statutes and laws, any and all rights and claims against primary payers and/or third parties that may be liable to Client arising from or relating to the Claims and all information relating thereto.

Series Assignment I.

32. Further, on October 22, 2020, Series 16-05-456 entered into an assignment agreement with Series 44-20-456, a designated series of Series 44, whereby it irrevocably assigned all rights it acquired through its assignment agreement with MSP Recovery, LLC ("Series Assignment II"). The Series Assignment II was executed by individuals of majority, of sound mind, and with legal authority to bind the respective parties, and was entered into under Florida law:

[Series 16-05-456] . . . hereby irrevocably assigns, transfers, conveys, sets over, and delivers to [Series 44-20-456] and its successors and assigns, (i) any and all of Assignor's right, title, ownership, and interest in and to the [claims], as well as (ii) the "Claims" and "Assigned Claims", and all proceeds and products thereof (collectively the "Assigned Claims") as such terms are defined in the Agreements.

This Assignment includes all the Assigned Claims irrespective of when the claims were vested in HFHP, inclusive of any and all claim(s), causes of actions, proceeds, products, and distributions of any kind, and proceeds of proceeds, in respect thereof, whether based in contract, tort, statutory right, and any and all rights (including, but not limited to, subrogation) to pursue and/or recover monies that

Assignor had, may have had, or has asserted against any party, including claims under consumer protection statutes and laws, any and all rights and claims against primary payers and/or third parties that may be liable to HFHP arising from or relating to the Claims and all information relating thereto.

Series Assignment II.

33. Consideration was given between each party in executing these assignments.

34. The claim set forth in this Complaint is not subject to any carveout, exclusion, or any other limitation in law or equity that would impair Plaintiff's right to bring the claim asserted in this case.

COUNT I
PRIVATE CAUSE OF ACTION UNDER 42 U.S.C. § 1395y(b)(3)(A)

35. Plaintiff re-alleges and incorporates herein by reference each of the allegations contained in the preceding paragraphs 1-34 as if fully set forth herein.

36. Plaintiff asserts a private cause of action pursuant to 42 U.S.C. § 1395y(b)(3)(A).

37. Defendant issued a No-Fault Policy to E.B. and was responsible for costs relating to his automobile accident but failed to provide primary payment to E.B.'s providers for the items and services for which HFHP advanced the conditional payments.

38. Defendant did not pay or provide for appropriate reimbursement to HFHP in accordance with the MSP Act and its accompanying regulations.

39. MSP Recovery, as the valid assignee of HFHP's rights, brings the private cause of action established by 42 U.S.C. § 1395y(b)(3)(A) to recover "an amount double the amount otherwise provided" for Defendant's failure to make appropriate reimbursement as required by law.

40. Pursuant to 42 U.S.C. § 1395w-22(a)(4), the “amount otherwise provided” is the amount a provider may charge “in accordance with the charges allowed under a law, plan, or policy” identified in 42 U.S.C. § 1395y(b)(2), which in this case was at least \$5,827.31.

WHEREFORE, Plaintiff demands judgment against State Farm Mutual Automobile Insurance Company as follows:

- A. a judgment awarding reimbursement of double damages for those amounts to which Plaintiff is entitled under 42 U.S.C. § 1395y(b)(3)(A);
- B. a judgment awarding Plaintiff pre-judgment and post-judgment interest consistent with the statute; and
- C. a judgment awarding Plaintiff reasonable attorneys’ fees, and such other and further relief as the Court deems just and proper under the circumstances.

COUNT II
DIRECT RIGHT OF RECOVERY PURSUANT TO 42 C.F.R. § 411.24(e)
FOR BREACH OF CONTRACT

41. Plaintiff re-alleges and incorporates herein by reference each of the allegations contained in the preceding paragraphs 1-34 as if fully set forth herein.

42. Pursuant to the MSP Act, HFHP was subrogated to the right to recover unreimbursed conditional payments from Defendant for its breach of contract with its insureds. Defendant was contractually obligated to pay for medical expenses arising out of covered automobile accidents, and it failed to fulfill that obligation. This obligation was, instead, fulfilled by HFHP.

43. Defendant failed and/or refused to make complete payments or reimbursements for E.B.’s accident-related expenses as required by its contractual obligations.

44. Defendant failed to pay for E.B.'s covered losses, and it has no reasonable proof to establish that it was not the primary plan and, therefore, not responsible for the payment.

45. Defendant's failure to pay damaged Plaintiff's assignor. Plaintiff is entitled to recover up to the statutory policy limits for the medical expenses related to the subject accidents.

WHEREFORE, Plaintiff demands judgment against State Farm Mutual Automobile Insurance Company as follows:

- A. a judgment awarding reimbursement of damages for those amounts to which Plaintiff is entitled pursuant to the direct right of recovery for breach of contract;
- B. a judgment awarding Plaintiff pre-judgment and post-judgment interest consistent with the statute; and
- C. a judgment awarding Plaintiff reasonable attorneys' fees, and such other and further relief as the Court deems just and proper under the circumstances.

COUNT III
DECLARATORY JUDGMENT

46. Plaintiff re-alleges and incorporates herein by reference each of the allegations contained in the preceding paragraphs 1-34 as if fully set forth herein.

47. Plaintiff alleges that as part of providing Medicare benefits under the Medicare Advantage program, Plaintiff's assignor paid for items and services which were also covered by no-fault, personal injury protection, or medical payments policies issued by Defendant.

48. Defendant issued a No-Fault policy to E.B. and was responsible for medical expenses relating to his automobile accident but failed to provide primary payment to E.B.'s providers for the items and services for which HFHP advanced the conditional payments.

49. As a primary payer, Defendant had a nondelegable duty to reimburse conditional payments advanced by Medicare Participants for life-saving medical services rendered to covered persons. Defendant is liable for reimbursement of these accident-related medical expenses, even if it subsequently paid out the maximum benefits under the policies.

50. Defendant was required to timely reimburse Plaintiff's assignor for conditional payments made on behalf of E.B.'s accident-related medical expenses.

51. An actual, present, and justiciable controversy has arisen between Plaintiff and Defendant concerning its obligation to reimburse Plaintiff's assignor.

52. Plaintiff seeks a declaratory Judgment from this Court establishing that, under federal law, Defendant has a historical, present, and continuing duty to reimburse Plaintiff's assignor for payments made on behalf of E.B.'s accident-related medical expenses.

WHEREFORE, Plaintiff demands judgment against Defendant State Farm Mutual Automobile Insurance Company as follows:

- A. a judgment declaring that Defendant has a historical, present, and continuing duty to reimburse Plaintiff's assignor for unreimbursed conditional payments;
- B. a judgment awarding Plaintiff pre-judgment and post-judgment interest consistent with the statute; and
- C. a judgment awarding Plaintiff reasonable attorneys' fees, and such other and further relief as the Court deems just and proper under the circumstances.

JURY TRIAL DEMAND

Plaintiff hereby demands a jury trial on all counts and issues so triable within this pleading.

Respectfully submitted,
NATALIE M. RICO, ESQ.
JORDAN M. MACEJKA, ESQ.

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By: /s/ Natalie M. Rice
NATALIE M. RICO
Florida Bar No. 65046

EXHIBIT A

FLORIDA TRAFFIC CRASH REPORTLONG FORM SHORT FORM UPDATE TOTAL # OF VEHICLE SECTION(S) 3

MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
 TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING
 TALLAHASSEE, FL 32399-0537

TOTAL # OF PERSON SECTION(S) 3TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE 01/11/17	TIME OF CRASH 11:07 AM	DATE OF REPORT 01/11/17	REPORTING AGENCY CASE NUMBER [REDACTED]	HSMV CRASH REPORT NUMBER [REDACTED]			
CRASH IDENTIFIERS							
COUNTY CODE 61	CITY CODE 53	COUNTY OF CRASH Flagler	PLACE OR CITY OF CRASH Palm Coast	CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/> TIME REPORTED 11:07 AM TIME DISPATCHED 11:13 AM			
TIME ON SCENE 11:28 AM	TIME CLEARED SCENE 12:31 PM	CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If investigation NOT Complete)	Notified By: 1 Motorist 2 Law Enforcement 2			
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)							
CRASH OCCURRED ON STREET, ROAD, HIGHWAY E State Road 100 HWY		AT STREET ADDRESS # 1	AT LATITUDE AND LONGITUDE 2				
FEET	MILES	N S E W [REDACTED]	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY Landing BLVD	OR FROM MILEPOST # 4			
Road System Identifier 3 1 Interstate 2 U.S. 3 State		7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative	2 Type of Shoulder 2 1 Paved 2 Unpaved 3 Curb	3 Type of Intersection 3 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection 5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative			
CRASH INFORMATION (CHECK IF PICTURES TAKEN) <input type="checkbox"/>							
Light Condition 1 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted	Weather Condition 1 5 Dark-Not Lighted 6 Dark-Unknown 7 Lighting 77 Other, Explain in Narrative 88 Unknown	Roadway Surface Condition 1 4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 77 Other, Explain in Narrative 88 Unknown	School Bus Related 1 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	Manner of Collision/Impact 1 4 Sideswipe, Same Direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown			
First Harmful Event 14	Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Throw or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision	Collision Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object	Collision with Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier	First Harmful Event Location 1 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown			
First Harmful Event within Interchange 1 1 No 2 Yes 88 Unknown							
First Harmful Event Relation to Junction 3 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related	Contributing Circumstances: Road 1 5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown	9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown	Contributing Circumstances: Environment 1 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown				
Work Zone Related 1 1 No 2 Yes 88 Unknown	Crash in Work Zone 1 Before the First Work Zone Warning Sign 2 Advance Warning Area 3 Transition Area 4 Activity Area 5 Termination Area	Type of Work Zone 1 Lane Closure 2 Lane Shift/Crossover 3 Work on Shoulder or Median 4 Intermittent or Moving Work 77 Other, Explain in Narrative	Workers in Work Zone 1 No 2 Yes 88 Unknown	Law Enforcement in Work Zone 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present			
WITNESSES							
NAME	ADDRESS	CITY & STATE		ZIP CODE			
NAME	ADDRESS	CITY & STATE		ZIP CODE			
NAME	ADDRESS	CITY & STATE		ZIP CODE			
NON VEHICLE PROPERTY DAMAGE							
VEHICLE #	PERSON #	PROPERTY DAMAGE – OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE
VEHICLE #	PERSON #	PROPERTY DAMAGE – OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE

VEHICLE #		1	Check if Commercial		REPORTING AGENCY CASE NUMBER			HSMV CRASH REPORT NUMBER			
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		1	VEHICLE LICENSE NUMBER [REDACTED]		STATE FL	REGISTRATION EXPIRES 12/03/17	Check if Permanent Registration <input checked="" type="checkbox"/>	VIN [REDACTED]			
Hit and Run 1 No 2 Yes 88 Unknown		1	YEAR 2000	MAKE Volkswagen	MODEL	STYLE 4 Door	COLOR Black	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	EST. AMOUNT 1 5000		
INSURANCE COMPANY GEICO GENERAL INSURANCE COMPANY			INSURANCE POLICY NUMBER 1125225407			Towed due to Damage: 1 No 2 Yes	2	VEHICLE REMOVED BY SAXONS TOWING	1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative	1	
NAME OF VEHICLE OWNER (Check if Business)			CURRENT ADDRESS			CITY & STATE			ZIP CODE		
TRAILER #		LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES	
TRAILER #		LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES	
VEHICLE TRAVELING		N [REDACTED]	S [REDACTED]	E X	W [REDACTED]	Off-Road Unknown	ON STREET, ROAD, HIGHWAY State Highway 100		AT EST. SPEED 30	POSTED SPEED 50	TOTAL LANES 4
HAZ MAT. RELEASED 1 No 2 Yes 88 Unknown		HAZ MAT PLACARD 1 No 2 Yes 88 Unknown		HAZ MAT. NUMBER [REDACTED]		HAZ MAT. CLASS	Area of Initial Impact 2 3 4 5 6 7 1 16 16 17 8 14 13 12 11 10 9	Undercarriage 18 19 20 21	18 19 20 21	Most Damaged Area 2 3 4 5 6 7 1 16 16 17 8 14 13 12 11 10 9	
MOTOR CARRIER NAME [REDACTED]						US DOT NUMBER [REDACTED]					
MOTOR CARRIER ADDRESS						CITY & STATE	ZIP CODE			PHONE NUMBER	
Vehicle Body Type 1		Trafficway 4				Commercial Motor Vehicle Configuration					
15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 22 Moped 23 All Terrain Vehicle (ATV) 88 Unknown		1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown				1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailers(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double					
2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV) 88 Unknown		1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer				8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown					
Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		TRAILER 1 TRAILER 2 [REDACTED] [REDACTED]				11 No Cargo 2 Bus					
14		Comm GVWR/GCWR [REDACTED]				13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536 kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown					
Most Harmful Event 14		Collision with Non-Fixed Object 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Throw or Falling Object 8 Ran into Water/ Canal 9 Other Non-Collision 10-46 Sequence of Events only 40 Equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway				Collision Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object					
Sequence of Events 1st 14 2nd [REDACTED] 3rd [REDACTED] 4th [REDACTED]		Vehicle Maneuver Action 1 Straight Ahead 2 Turning Left 3 Backing 4 Turning Right 5 Changing Lanes 6 Parked 7 Making U-Turn 8 Overtaking/Passing				Traffic Control Device For This Vehicle 5 1 No Controls 4 School Zone Sign/Device 5 Traffic Control Signal 8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 11 Yield Sign 12 Stop Sign 13 Warning Sign 14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 18 Ambulance 19 Fire Truck 20 Farm Labor Transport 21 School Bus 22 Transit/Commuter Bus 88 Unknown					
Roadway Grade 1		Roadway Alignment 1 1 Straight 2 Curve Right 3 Curve Left				Vehicle Defects 1 1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 5 Steering 6 Wipers 7 Exhaust System 8 Body, Doors 9 Other Fixed Object (wall, building, tunnel, etc.) 10 Power Train 11 Suspension 12 Wheels 13 Windows/Windshield 14 Mirrors 15 Truck Coupling/Trailer Hitch/Safety Chains 16 Other, Explain in Narrative 88 Unknown					
Special Function of Motor Vehicle 1		9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus 88 Unknown				14 Intercity Bus 15 Charter/Tour Bus 16 Shuttle Bus 17 Farm Labor Bus 18 Ambulance 19 Fire Truck 20 Farm Labor Transport 21 School Bus 22 Transit/Commuter Bus 88 Unknown					
VIOLATIONS											
PERSON # 1	NAME OF VIOLATOR [REDACTED]			FL STATUTE NUMBER 316.1925.1 non-ucr			CHARGE Careless Driving			CITATION NUMBER [REDACTED]	
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER			CHARGE			CITATION NUMBER	
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER			CHARGE			CITATION NUMBER	

VEHICLE #		2	Check if Commercial		REPORTING AGENCY CASE NUMBER		HSMV CRASH REPORT NUMBER		
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		1	VEHICLE LICENSE NUMBER FL		REGISTRATION EXPIRES 01/25/18	Check if Permanent Registration <input checked="" type="checkbox"/>	VIN		
Hit and Run 1 No 2 Yes 88 Unknown		1	YEAR 2015	MAKE Chevrolet	MODEL	STYLE Sport Utility	COLOR Blue	DAMAGE: 1 Disabling 4 Minor 2 Functional 88 Unknown 3 None	
INSURANCE COMPANY State Farm		INSURANCE POLICY NUMBER 9676185-A31-59E 4		Towed due to Damage: 1 No 2 Yes	2	VEHICLE REMOVED BY SAXONS TOWING	1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative	1	
NAME OF VEHICLE OWNER (Check if Business)			CURRENT ADDRESS		CITY & STATE		ZIP CODE		
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN	YEAR	MAKE	LENGTH	AXLES
VEHICLE TRAVELING	N	S	E	W	Off-Road Unknown	ON STREET, ROAD, HIGHWAY State Highway 100	AT EST. SPEED 0	POSTED SPEED 55	TOTAL LANES 4
HAZ MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ MAT PLACARD 1 No 2 Yes 88 Unknown	HAZ MAT. NUMBER	HAZ MAT. CLASS	Area of Initial Impact		Most Damaged Area			
MOTOR CARRIER NAME				US DOT NUMBER					
MOTOR CARRIER ADDRESS				CITY & STATE		ZIP CODE		PHONE NUMBER	
Vehicle Body Type 16		Trafficway 4		Commercial Motor Vehicle Configuration					
15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 22 Other, Explain in Narrative 23 All Terrain Vehicle (ATV) 88 Unknown		1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown		1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailers(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double					
Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		Trailer Type TRAILER 1 TRAILER 2		Cargo Body Type					
14 Most Harmful Event		1 Non-Collision 1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Throw or Falling Object 8 Ran into Water/ Canal 9 Other Non-Collision		1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer		1 10,000 lbs (4,536 kg) or less 2 10,001-26,000 lbs (4,536-11,793 kg) 3 More than 26,000 lbs (11,793 kg) 4 Not Applicable		13 Intermodal Container Chassis 14 Vehicle Towing Another Vehicle 15 Not Applicable (vehicle 10,000 lbs (4,536kg) or less not displaying HM placard) 77 Other, Explain in Narrative 88 Unknown	
Sequence of Events 1st 14 2nd 3rd 4th 5th		Collision with Non-Fixed Object 10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object		Collision Fixed Object 19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End		Emergency Vehicle Use 1			
Roadway Grade 1 Level 2 Hillcrest 3 Uphill 4 Downhill 5 Sag (bottom)		Vehicle Maneuver Action 1 Straight Ahead 2 Turning Left 3 Backing 4 Turning Right 5 Changing Lanes 6 Parked 7 Making U-Turn 8 Overtaking/Passing		Traffic Control Device For This Vehicle 5		Vehicle Defects 1			
Special Function of Motor Vehicle 1		9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus		13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown		8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 11 School Zone Sign/Device 12 Traffic Control Signal 13 Warning Sign 14 Stop Sign 15 Yield Sign			
VIOLATIONS		FL STATUTE NUMBER		CHARGE		CITATION NUMBER			
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER		
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER		
PERSON #	NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER		

VEHICLE #		3	Check if Commercial		REPORTING AGENCY CASE NUMBER			HSMV CRASH REPORT NUMBER			
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		1	VEHICLE LICENSE NUMBER [REDACTED]		STATE FL	REGISTRATION EXPIRES 12/31/17	Check if Permanent Registration <input type="checkbox"/>	VIN [REDACTED]			
Hit and Run 1 No 2 Yes 88 Unknown		1	YEAR 2008	MAKE Ford	MODEL F-150	STYLE Pick Up Truck	COLOR Blue	DAMAGE: 1 Disabling 2 Functional 3 None	4 Minor 88 Unknown	2	EST. AMOUNT
INSURANCE COMPANY UNK			INSURANCE POLICY NUMBER [REDACTED]			Towed due to Damage: 1 No 2 Yes	1	VEHICLE REMOVED BY [REDACTED]			1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative 3
NAME OF VEHICLE OWNER (Check if Business) [REDACTED]			CURRENT ADDRESS [REDACTED]			CITY & STATE [REDACTED]			ZIP CODE [REDACTED]		
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN [REDACTED]	YEAR [REDACTED]	MAKE [REDACTED]	LENGTH [REDACTED]	AXLES [REDACTED]		
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration <input type="checkbox"/>	VIN [REDACTED]	YEAR [REDACTED]	MAKE [REDACTED]	LENGTH [REDACTED]	AXLES [REDACTED]		
VEHICLE TRAVELING	N [REDACTED]	S [REDACTED]	E X	W [REDACTED]	Off-Road [REDACTED]	Unknown [REDACTED]	ON STREET, ROAD, HIGHWAY State Road 100	AT EST. SPEED 0	POSTED SPEED 55	TOTAL LANES 3	
HAZ MAT. RELEASED 1 No 2 Yes 88 Unknown	HAZ MAT PLACARD 1 No 2 Yes 88 Unknown	HAZ MAT. NUMBER [REDACTED]	HAZ MAT. CLASS [REDACTED]	Area of Initial Impact 			Most Damaged Area 				
MOTOR CARRIER NAME [REDACTED]				US DOT NUMBER [REDACTED]			ZIP CODE [REDACTED]				PHONE NUMBER [REDACTED]
Vehicle Body Type 3		Trafficway 1		Commercial Motor Vehicle Configuration							
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)	15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown	1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted >4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown	1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailers(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double	8 Truck Tractor/Triple 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large Van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown							
Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		TRAILER TYPE	TRAILER 1 TRAILER 2	8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown	1 Single Semi Trailer 2 Tandem Semi Trailer 3 Tank Trailer 4 Saddle Mount/Trailer 5 Boat Trailer 6 Utility Trailer 7 House Trailer	1 No Cargo 2 Bus	Cargo Body Type				
Most Harmful Event 14		Non-Collision	Comm GVWR/GCWR	1 10,000 lbs (4,536 kg) or less 2 10,001-26,000 lbs (4,536-11,793 kg) 3 More than 26,000 lbs (11,793 kg) 4 Not Applicable	10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo or Anything Set in Motion by Motor Vehicle 18 Other Non-Fixed Object	19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End	29 Cable Barrier 30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole, or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)	Emergency Vehicle Use 1			
Sequence of Events		1st 14	2nd [REDACTED]	3rd [REDACTED]	4th [REDACTED]	40-46 Sequence of Events only 40 Equipment Failure (blown tire, brake failure, etc.) 41 Separation of Units 42 Ran Off Roadway, Right 43 Ran Off Roadway, Left 44 Cross Median 45 Cross Centerline 46 Downhill Runaway	Collision with Non-Fixed Object	Collision Fixed Object	Emergency Vehicle Use		
Roadway Grade 1		Roadway Alignment 1		13	Vehicle Maneuver Action	Traffic Control Device For This Vehicle 5	Vehicle Defects				
Special Function of Motor Vehicle 1		1 No Special Function 2 Farm Vehicle 3 Police 7 Taxi 8 Military	9 Ambulance 10 Fire Truck 11 Farm Labor Transport 12 School Bus 13 Transit/Commuter Bus	13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown	8 Flashing Signal 9 Railway Crossing Device 10 Person (including Flagman, Officer, Guard, etc.) 13 Warning Sign 5 Traffic Control Signal 6 Stop Sign 7 Yield Sign	1 No Controls 4 School Zone Sign/Device 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/ Safety Chains 9 Exhaust System 10 Body, Doors 11 Power Train	12 Suspension 13 Wheels 14 Windows/Windshield 15 Mirrors 16 Truck Coupling/Trailer Hitch/ Safety Chains 7 Wipers 17 Other, Explain in Narrative 88 Unknown				
VIOLATIONS											
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER			CHARGE			CITATION NUMBER	
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER			CHARGE			CITATION NUMBER	
PERSON #	NAME OF VIOLATOR			FL STATUTE NUMBER			CHARGE			CITATION NUMBER	

PERSON # 1			REPORTING AGENCY CASE NUMBER [REDACTED]				HSMV CRASH REPORT NUMBER [REDACTED]								
1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 1	NAME [REDACTED]					PHONE NUMBER	Check if Recommend Driver Re-exam							
CURRENT ADDRESS (Number and Street) [REDACTED]			CITY & STATE [REDACTED]				ZIP CODE 32110								
DATE OF BIRTH [REDACTED]	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER [REDACTED] 2	STATE FL	EXPIRES 10/09/24	INJURY SEVERITY (INJ)				2						
DL Type 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None			Required Endorsements 1 Yes 2 No 3 No Req. Endorsement			Driver's Actions at Time of Crash			Condition At Time of Crash						
Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)			4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown			1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 Failed to Keep in Proper Lane			26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action						
Driver Vision Obstructions 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes			5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog			9 Smoke 10 Glare 77 All Other, Explain in Narrative			1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional (depression, angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 88 Unknown						
DRIVER OR PASSENGER															
Motor Vehicle Seating Position:			LOCATION: SEAT (LOC)	1	2	3	DRIVER OR PASSENGER		Restraint Systems (RS)						
Seat 1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown	Row 1 Front 2 Second 3 Third 4 Fourth 77 Other Row	Other 1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown				3	Helmet Use (HU)	1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	3	Eye Protection (EP)	1 Yes 2 No 3 Not Applicable				
Ejection (EJECT)			1	Air Bag Deployed (ABD)			3	1 Not Applicable 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	3	S Air Bag Deployed (ABD)	5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown				
NON-MOTORIST															
Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Cyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist			Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside			Action Prior to Crash 8 Sidewalk 9 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 77 Other, Explain in Narrative 88 Unknown			5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown						
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)			Non-Motorist Actions/Circumstances 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)			7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc) 9 Not Visible (dark clothing, no lighting, etc.)			10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown						
ALCOHOL/DRUG/EMS															
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	1	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine	BAC	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	SUSPECTED DRUG USE: 1 No 2 Yes 88 88 Unknown	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	1	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown					
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID 2			EMS RUN NUMBER [REDACTED]			MEDICAL FACILITY TRANSPORTED TO FH						
ADDITIONAL PASSENGERS															
PERSON #	VEHICLE #	NAME	DATE OF BIRTH			INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street) [REDACTED]			CITY & STATE [REDACTED]				ZIP CODE [REDACTED]								
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID [REDACTED]			EMS RUN NUMBER [REDACTED]				MEDICAL FACILITY TRANSPORTED TO [REDACTED]					
PERSON #	VEHICLE #	NAME	DATE OF BIRTH			INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street) [REDACTED]			CITY & STATE [REDACTED]				ZIP CODE [REDACTED]								
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID [REDACTED]			EMS RUN NUMBER [REDACTED]				MEDICAL FACILITY TRANSPORTED TO [REDACTED]					

PERSON # 2		REPORTING AGENCY CASE NUMBER [REDACTED]				HSMV CRASH REPORT NUMBER [REDACTED]								
1 Driver 2 Non-Motorist 3 Passenger	1 VEHICLE # 2	NAME [REDACTED]				PHONE NUMBER		Check if Recommend Driver Re-exam						
CURRENT ADDRESS (Number and Street) [REDACTED]			CITY & STATE [REDACTED]				ZIP CODE [REDACTED]							
DATE OF BIRTH [REDACTED]	SEX: 1 Male 2 Female 88 Unknown	1 DRIVER LICENSE NUMBER [REDACTED]	STATE FL	EXPIRES 01/25/20	INJURY SEVERITY (INJ)		1 2 3 4 5 6							
DL Type 5 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None		Required Endorsements 3 1 Yes 2 No 3 No Req. Endorsement		1st 1	Driver's Actions at Time of Crash 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Followed too Closely 6 Improper Turn 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 Failed to Keep in Proper Lane		3rd [REDACTED]	Condition At Time of Crash 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional (depression, angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 88 Unknown						
Driver Distracted By 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		2nd [REDACTED]	26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action		4th [REDACTED]							
Driver Vision Obstructions 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog		9 Smoke 10 Glare 77 All Other, Explain in Narrative	DRIVER OR PASSENGER		3 1 2 3							
DRIVER OR PASSENGER			LOCATION: SEAT (LOC) 1 1 1		Helmet Use (HU) 3	Eye Protection (EP) 3 1 Yes 2 No 3 Not Applicable	Restraint Systems (RS) 3 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown							
Motor Vehicle Seating Position:			Ejection (EJECT) 1		Air Bag Deployed (ABD) 3 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown	NON-MOTORIST								
Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Cyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist			Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside		Action Prior to Crash 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 11 Improper Turn/Merge 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown									
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)			Non-Motorist Actions/Circumstances 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)		1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane)									
ALCOHOL/DRUG/EMS			ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested		ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	BAC 1 1 No 2 Yes 88 Unknown	SUSPECTED DRUG USE: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown	DRUG TEST TYPE: 1 Blood 2 Urine 3 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown			
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS - 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID 2 Rescue 11		EMS RUN NUMBER [REDACTED]		MEDICAL FACILITY TRANSPORTED TO FHF							
ADDITIONAL PASSENGERS			PERSON # VEHICLE # NAME		DATE OF BIRTH		INJ	SEX	LOC: S R O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)			CITY & STATE				ZIP CODE							
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS - 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID [REDACTED]		EMS RUN NUMBER [REDACTED]		MEDICAL FACILITY TRANSPORTED TO							
PERSON # VEHICLE # NAME			DATE OF BIRTH		INJ	SEX	LOC: S R O	EJECT	HU	EP	ABD	RS		
CURRENT ADDRESS (Number and Street)			CITY & STATE				ZIP CODE							
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS - 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID [REDACTED]		EMS RUN NUMBER [REDACTED]		MEDICAL FACILITY TRANSPORTED TO							

PERSON # 3			REPORTING AGENCY CASE NUMBER [REDACTED]				HSMV CRASH REPORT NUMBER [REDACTED]																
1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 1 3	NAME [REDACTED]					PHONE NUMBER [REDACTED]	Check if Recommend Driver Re-exam [REDACTED]															
CURRENT ADDRESS (Number and Street) [REDACTED]			CITY & STATE [REDACTED]				ZIP CODE [REDACTED]																
DATE OF BIRTH [REDACTED]	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER 1 [REDACTED]	STATE FL	EXPIRES 01/14/18	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating			4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality															
DL Type 5 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None			Required Endorsements 3 1 Yes 2 No 3 No Req. Endorsement			1st 1	Driver's Actions at Time of Crash 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 6 Followed too Closely 7 Ran Red Light 8 Drove too Fast for Conditions 9 Ran Stop Sign 10 Improper Passing 11 Exceeded Posted Speed 12 Wrong Side of Wrong Way 13 Failed to Keep in Proper Lane			3rd [REDACTED]	Condition At Time of Crash 1 Apparently Normal 2 Asleep or Fatigued 3 Ill (sick) or Fainted 4 Seizure, Epilepsy, Blackout 5 Physically Impaired 6 Emotional (depression, angry, disturbed, etc.) 7 Under the Influence of Medications/Drugs/Alcohol 88 Unknown												
Driver Distracted By 1 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)			4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown			2nd [REDACTED]	26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner			4th [REDACTED]													
Driver Vision Obstructions 1 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes			5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog			9 Smoke 10 Glare 77 All Other, Explain in Narrative	77 Other Contributing Action																
DRIVER OR PASSENGER						DRIVER OR PASSENGER		DRIVER OR PASSENGER															
Motor Vehicle Seating Position:			LOCATION: SEAT (LOC)	1	1	OTHER	Helmet Use (HU)		Eye Protection (EP)		Restraint Systems (RS)												
Seat	Row	Other					[REDACTED]	[REDACTED]	1 Yes 2 No 3 Not Applicable	3 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet	1 Not Applicable 2 Deployed-Other (knee, air belt, etc.) 3 Deployed-Combination 4 Deployed-Curtain 5 Deployed-Side Unknown												
1 Left 2 Middle 3 Right 77 Other (explain in narrative) 88 Unknown	1 Front 2 Second 3 Third 4 Fourth 77 Other Row	1 Not Applicable 2 Sleeper Section of Truck Cab 3 Other Enclosed Cargo Area 4 Unenclosed Cargo Area 5 Trailing Unit 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown					Air Bag Deployed (ABD)		5 Deployed-Other (knee, air belt, etc.) 6 Deployed-Combination 7 Deployed-Curtain 88 Deployment Unknown		1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative												
NON-MOTORIST						Action Prior to Crash 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 11 Improper Turn/Merge 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown																	
Non-Motorist Description [REDACTED] 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Cyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist			Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside			1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane)																	
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)			Ejection (EJECT) 1 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown			1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)			7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc) 9 Not Visible (dark clothing, no lighting, etc.)														
ALCOHOL/DRUG/EMS			ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested			ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative			ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown			SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown			DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, if Tested			DRUG TEST TYPE: 1 Blood 2 Urine 3 Other, Explain in Narrative			DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown		
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS - 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID 1 [REDACTED]			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO														
ADDITIONAL PASSENGERS						DATE OF BIRTH [REDACTED]						INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS		
CURRENT ADDRESS (Number and Street) [REDACTED]						CITY & STATE [REDACTED]						ZIP CODE [REDACTED]											
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS - 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID [REDACTED]			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO														
PERSON # VEHICLE # NAME						DATE OF BIRTH [REDACTED]						INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS		
CURRENT ADDRESS (Number and Street) [REDACTED]						CITY & STATE [REDACTED]						ZIP CODE [REDACTED]											
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS - 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown			EMS AGENCY NAME OR ID [REDACTED]			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO														

NARRATIVE

REPORTING AGENCY CASE NUMBER

HSMV CRASH REPORT NUMBER

V-2 and V-3 were stopped at the traffic light waiting for the traffic signal to turn green. Both vehicles were in the center lane to continue east bound on State Road 100. V1 was traveling east bound on State Road 100 in the center lane and the driver failed to stop at the red traffic light and collided with V2 in the rear center. This impact caused V2 to be pushed into V3 and collide with the left rear of the vehicle.

The drivers of V1 and V2 were transported to FHF by Rescue 11 for evaluation. The driver of V1 was issued a citation ([REDACTED]) for careless driving.

ADDITIONAL PASSENGERS

PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO							
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PERSON #	VEHICLE #	NAME	DATE OF BIRTH	INJ	SEX	LOC: S	R	O	EJECT	HU	EP	ABD	RS
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CURRENT ADDRESS (Number and Street)

CITY & STATE

ZIP CODE

SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative 88 Unknown	<input type="checkbox"/>	EMS AGENCY NAME OR ID	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO							
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PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE					CITATION NUMBER			
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PERSON #	NAME OF VIOLATOR	FL STATUTE NUMBER	CHARGE					CITATION NUMBER			
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REPORTING OFFICER

ID/BADGE NUMBER	RANK & NAME Deputy Erik Raymond Pedersen	DEPARTMENT	FHP	SO	PD	OTHER
345		Flagler County	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

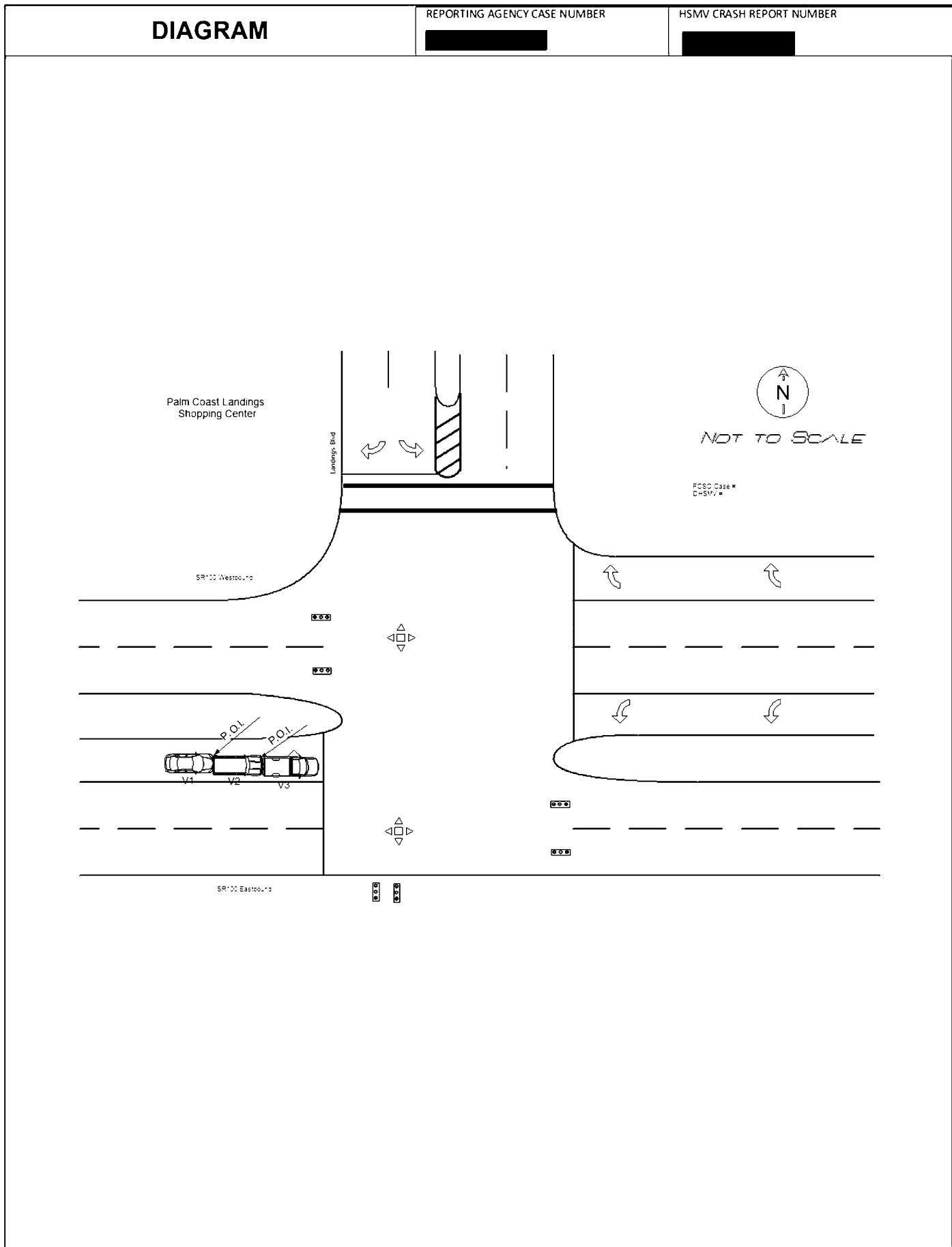


EXHIBIT B

llr-id	msp_all_prov	msp_mrd_id	msp_client	msp_memb_dob	msp_dos
LLR128963	FL 1769 E MOODY BLVD BUNNELL 32110-5991 BLDG 3 3864377399 3863134000 000000202642 FLAGLER COUNTY FIRE RESCUE 1851400881	[REDACTED]	HFAP-HFAP	[REDACTED]	1/11/2017
LLR128963	FL 1769 E MOODY BLVD BUNNELL 32110-5991 BLDG 3 3864377399 3863134000 000000202642 FLAGLER COUNTY FIRE RESCUE 1851400881	[REDACTED]	HFAP-HFAP	[REDACTED]	1/11/2017
LLR128963	FL 1769 E MOODY BLVD BUNNELL 32110-5991 BLDG 3 3864377399 3863134000 000000202642 FLAGLER COUNTY FIRE RESCUE 1851400881	[REDACTED]	HFAP-HFAP	[REDACTED]	1/11/2017
LLR128963	FL 1769 E MOODY BLVD BUNNELL 32110-5991 BLDG 3 3864377399 3863134000 000000202642 FLAGLER COUNTY FIRE RESCUE 1851400881	[REDACTED]	HFAP-HFAP	[REDACTED]	1/11/2017
LLR128963	FL 1769 E MOODY BLVD BUNNELL 32110-5991 BLDG 3 3864377399 3863134000 000000202642 FLAGLER COUNTY FIRE RESCUE 1851400881	[REDACTED]	HFAP-HFAP	[REDACTED]	1/11/2017
LLR128963	FL 1769 E MOODY BLVD BUNNELL 32110-5991 BLDG 3 3864377399 3863134000 000000202642 FLAGLER COUNTY FIRE RESCUE 1851400881	[REDACTED]	HFAP-HFAP	[REDACTED]	1/11/2017
LLR128963	FL 3865862010 PALM COAST 60 MEMORIAL MEDICAL PKWY BOGDANOVSKA 1881834026 32164-5980 812432 SUZANA	[REDACTED]	HFAP-HFAP	[REDACTED]	1/11/2017
LLR128963	FL 1769 E MOODY BLVD BUNNELL 32110-5991 BLDG 3 3864377399 3863134000 000000202642 FLAGLER COUNTY FIRE RESCUE 1851400881	[REDACTED]	HFAP-HFAP	[REDACTED]	1/11/2017
LLR128963	FL 1769 E MOODY BLVD BUNNELL 32110-5991 BLDG 3 3864377399 3863134000 000000202642 FLAGLER COUNTY FIRE RESCUE 1851400881	[REDACTED]	HFAP-HFAP	[REDACTED]	1/11/2017
LLR128963	FL PALM COAST 60 MEMORIAL MEDICAL PKWY 32164-5980 ADVENTHEALTH P 3865864620 ALM COAST 3865862000 1679678486 000000201470	[REDACTED]	HFAP-HFAP	[REDACTED]	1/11/2017
LLR128963	FL PALM COAST 60 MEMORIAL MEDICAL PKWY 32164-5980 ADVENTHEALTH P 3865864620 ALM COAST 3865862000 1679678486 000000201470	[REDACTED]	HFAP-HFAP	[REDACTED]	1/11/2017
LLR128963	FL PALM COAST 60 MEMORIAL MEDICAL PKWY 32164-5980 ADVENTHEALTH P 3865864620 ALM COAST 3865862000 1679678486 000000201470	[REDACTED]	HFAP-HFAP	[REDACTED]	1/11/2017

LLR128963	FL PALM COAST 60 MEMORIAL MEDICAL PKWY 32164-5980 ADVENTHEALTH P 3865864620 ALM COAST 3865862000 1679678486 000000201470	[REDACTED]	HFAP-HFAP	[REDACTED]	1/11/2017
LLR128963	FL PALM COAST 60 MEMORIAL MEDICAL PKWY 32164-5980 ADVENTHEALTH P 3865864620 ALM COAST 3865862000 1679678486 000000201470	[REDACTED]	HFAP-HFAP	[REDACTED]	1/11/2017
LLR128963	FL 1588662183 4077675028 PEDRO RODRIGUEZ 601 E ROLLINS ST 000000245757 32803-1248 ORLANDO	[REDACTED]	HFAP-HFAP	[REDACTED]	1/11/2017
LLR128963	FL 1769 E MOODY BLVD BUNNELL 32110-5991 BLDG 3 3864377399 3863134000 000000202642 FLAGLER COUNTY FIRE RESCUE 1851400881	[REDACTED]	HFAP-HFAP	[REDACTED]	1/11/2017
LLR128963	FL 1769 E MOODY BLVD BUNNELL 32110-5991 BLDG 3 3864377399 3863134000 000000202642 FLAGLER COUNTY FIRE RESCUE 1851400881	[REDACTED]	HFAP-HFAP	[REDACTED]	1/11/2017
LLR128963	FL 3865862010 PALM COAST 60 MEMORIAL MEDICAL PKWY BOGDANOVSKA 1881834026 32164-5980 812432 SUZANA	[REDACTED]	HFAP-HFAP	[REDACTED]	1/11/2017

msp_cpt_code	msp_cpt_description	msp_bill_amount_value	msp_all_px	msp_all_dx	msp_dx_01
A0428	Bls [X]	400	A0428 Bls [X]	S50812A V892XXA	S50.812A
A0425	Ground mileage [X]	13.3	Ground mileage [X] A0425	S50812A V892XXA	S50.812A
A0428	Bls [X]	400	A0428 Bls [X]	S50812A V892XXA	S50.812A
A0425	Ground mileage [X]	13.3	Ground mileage [X] A0425	S50812A V892XXA	S50.812A
A0428	Bls [X]	400	A0428 Bls [X]	S50812A V892XXA	S50.812A
A0425	Ground mileage [X]	13.3	Ground mileage [X] A0425	S50812A V892XXA	S50.812A
99284	Emergency dept visit [A]	646	Emergency dept visit [A] 99284	R0789	R07.89
A0428	Bls [X]	400	A0428 Bls [X]	S50812A V892XXA	S50.812A
A0425	Ground mileage [X]	13.3	Ground mileage [X] A0425	S50812A V892XXA	S50.812A
		1.95	R0259	S299XXA I10	S29.9XXA
84484	Assay of troponin quant [X]	288.44	R0301 Assay of troponin quant [X] 84484	S299XXA I10	S29.9XXA
71010	Chest x-ray 1 view frontal [A]	457.08	71010 R0324 Chest x-ray 1 view frontal [A]	S299XXA I10	S29.9XXA

99284	Emergency dept visit [A]	1197.27	R0450 Emergency dept visit [A] 99284	S299XXA I10	S29.9XXA
93005	Electrocardiogram tracing [A]	495.93	R0730 Electrocardiogram tracing [A] 93005	S299XXA I10	S29.9XXA
71010	Chest x-ray 1 view frontal [A]	28.14	71010 Chest x-ray 1 view frontal [A]	R0600	R06.00
A0428	Bls [X]	400	A0428 Bls [X]	S50812A V892XXA	S50.812A
A0425	Ground mileage [X]	13.3	Ground mileage [X] A0425	S50812A V892XXA	S50.812A
99284	Emergency dept visit [A]	646	Emergency dept visit [A] 99284	R0789	R07.89

msp_dx_02	msp_long_desc_01	msp_long_desc_02	msp_patient_id	msp_dat_paid_date
V89.2XXA	ICD10:Abrasions of left forearm, initial encounter	ICD10:Person injured in unspecified motor-vehicle accident, traffic, initial encounter	[REDACTED]	9/17/2017
V89.2XXA	ICD10:Abrasions of left forearm, initial encounter	ICD10:Person injured in unspecified motor-vehicle accident, traffic, initial encounter	[REDACTED]	9/17/2017
V89.2XXA	ICD10:Abrasions of left forearm, initial encounter	ICD10:Person injured in unspecified motor-vehicle accident, traffic, initial encounter	[REDACTED]	4/16/2017
V89.2XXA	ICD10:Abrasions of left forearm, initial encounter	ICD10:Person injured in unspecified motor-vehicle accident, traffic, initial encounter	[REDACTED]	4/16/2017
V89.2XXA	ICD10:Abrasions of left forearm, initial encounter	ICD10:Person injured in unspecified motor-vehicle accident, traffic, initial encounter	[REDACTED]	4/16/2017
V89.2XXA	ICD10:Abrasions of left forearm, initial encounter	ICD10:Person injured in unspecified motor-vehicle accident, traffic, initial encounter	[REDACTED]	4/16/2017
	ICD10:Other chest pain		[REDACTED]	4/30/2017
V89.2XXA	ICD10:Abrasions of left forearm, initial encounter	ICD10:Person injured in unspecified motor-vehicle accident, traffic, initial encounter	[REDACTED]	8/6/2017
V89.2XXA	ICD10:Abrasions of left forearm, initial encounter	ICD10:Person injured in unspecified motor-vehicle accident, traffic, initial encounter	[REDACTED]	8/6/2017
I10	ICD10:Unspecified injury of thorax, initial encounter	ICD10:Essential (primary) hypertension	[REDACTED]	2/26/2017
I10	ICD10:Unspecified injury of thorax, initial encounter	ICD10:Essential (primary) hypertension	[REDACTED]	2/26/2017
I10	ICD10:Unspecified injury of thorax, initial encounter	ICD10:Essential (primary) hypertension	[REDACTED]	2/26/2017

I10	ICD10:Unspecified injury of thorax, initial encounter	ICD10:Essential (primary) hypertension	[REDACTED]	2/26/2017
I10	ICD10:Unspecified injury of thorax, initial encounter	ICD10:Essential (primary) hypertension	[REDACTED]	2/26/2017
	ICD10:Dyspnea, unspecified		[REDACTED]	1/29/2017
V89.2XXA	ICD10:Abrasions of left forearm, initial encounter	ICD10:Person injured in unspecified motor-vehicle accident, traffic, initial encounter	[REDACTED]	7/9/2017
V89.2XXA	ICD10:Abrasions of left forearm, initial encounter	ICD10:Person injured in unspecified motor-vehicle accident, traffic, initial encounter	[REDACTED]	7/9/2017
	ICD10:Other chest pain		[REDACTED]	7/30/2017

EXHIBIT C



January 7, 2022

VIA U.S. CERTIFIED MAIL

STATE FARM MUTUAL AUTOMOBILE INSURANCE
PO BOX 106140
ATLANTA GA 30348-6140

RE: OUR FILE NO.: LLR128963
YOUR INSURED/ BENEFICIARY NAME: [REDACTED]
FILING NUMBER: [REDACTED]
DOA: 1/11/2017
TYPE OF LIEN/CLAIM: MEDICARE/MEDICAID

DEMAND LETTER PURSUANT TO:
Section 627.736, Florida Statutes

To Whom It May Concern:

MSP Recovery, LLC, acting on behalf of MSP Recovery Claims, Series, LLC – as assignee of Medicare and/or Medicaid claims, hereby places you on notice that pursuant to our client's rights as a Medicare and/or Medicaid Payers, exercise the same rights, as would Medicare and/or Medicaid. To the extent that our client has made payment for medical benefits, MSP Recovery hereby asserts its rights to seek reimbursement as a Medicare and/or Medicaid assignee.

This document is a formal demand letter pursuant to Section 627.736(10), Florida Statutes, for the full payment of the attached amounts (*see attached itemized statement*). Demand is hereby made for reimbursement for medical services and treatment provided to the above named insured for the dates of service commencing 1/11/2017 totaling \$5,827.31 Currently, **\$5,827.31** is due, less any applicable deductible. To date, or our client has received \$0.00. If the above amounts have been paid or any of the above captioned information is not correct, please contact the undersigned.

Section 627.736, Florida Statutes, provides you with an opportunity to pay the above claim in full within thirty (30) days of receipt of this letter, including a penalty of 10% of the overdue amount paid, subject to a maximum penalty of \$250.00. Demand is also made for payment of prejudgment interest from the date the bills became overdue through the date of this letter in accordance with the interest rate established by Section 55.03, Florida Statutes. Payments are to be made to MSP Recovery for benefits, interest, penalty, and postage and must be mailed to the undersigned.



Additionally, pursuant to Sections 627.4137, 627.7401, 627.736(6)(d), Florida Statutes, and the policy that covers this loss, MSP Recovery requests a statement, under oath, of a corporate officer or the insurer's claims manager or superintendent, setting forth the following information with regard to each known policy of insurance, including excess or umbrella insurance:

- (A) the name of the insurer,
- (B) the name of each insured,
- (C) the limits of liability coverage (including PIP and Med Pay coverage),
- (D) a statement of any policy or coverage defense which such insurer reasonably believes is available to such insurer at the time of filing such statement,
- (E) a copy of the policy, and
- (F) any letters evidencing cancellation of the policy for any reason.

Please include a copy of the insured's PIP payout sheet and any explanation of benefits generated concerning the above-mentioned dates of service. All notices for Independent Medical Examination ("IME") appointments with proof of mailing, all medical reports done by IME or peer review doctors on behalf of the insurance company, all Examination Under Oath ("EUO") notices with proof of mailing, EUO transcription or recordings and all denial letters.

The undersigned hereby serves notice to all that this may result in a lien being asserted pursuant to 42 C.F.R. § 422.108(c). Notice is hereby given that as a secondary payer, any contractually required payment(s) for medical services and/or supplies should be made to MSP Recovery. Please make checks payable to and send to the address below. Please include a copy of the first page of this letter with your payment.

MSP Recovery Claims Series 44 LLC
2701 S Le Jeune Rd, Floor 10
Coral Gables, Fl 33134

Thank you for your anticipated cooperation and immediate response to our requests. Should you have any questions please contact the undersigned, do not contact the medical provider.

Sincerely,

MSP Recovery, LLC

msp_mrd_id	msp_dos	A_SUBSCRIBER_Fname	A_SUBSCRIBER_Lname	G_PROVIDER_NPI	G_PROVIDER_FNAME
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1881834026	SUZANA
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1679678486	ADVENTHEALTH P
	1/11/2017			1679678486	ADVENTHEALTH P
	1/11/2017			1679678486	ADVENTHEALTH P
	1/11/2017			1679678486	ADVENTHEALTH P
	1/11/2017			1679678486	ADVENTHEALTH P
	1/11/2017			1679678486	ADVENTHEALTH P
	1/11/2017			1588662183	PEDRO
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1851400881	FLAGLER COUNTY
	1/11/2017			1881834026	SUZANA

G_PROVIDER_ADDRESS1	G_PROVIDER_ADDRESS2	G_PROVIDER_CITY	G_PROVIDER_STATE	K_DiagnosisCode1	K_DiagnosisCode2
1769 E MOODY BLVD	BLDG 3	BUNNELL	FL	S50812A	V892XXA
1769 E MOODY BLVD	BLDG 3	BUNNELL	FL	S50812A	V892XXA
1769 E MOODY BLVD	BLDG 3	BUNNELL	FL	S50812A	V892XXA
1769 E MOODY BLVD	BLDG 3	BUNNELL	FL	S50812A	V892XXA
1769 E MOODY BLVD	BLDG 3	BUNNELL	FL	S50812A	V892XXA
1769 E MOODY BLVD	BLDG 3	BUNNELL	FL	S50812A	V892XXA
60 MEMORIAL MEDICAL PKWY	PALM COAST	FL	RO789		
1769 E MOODY BLVD	BLDG 3	BUNNELL	FL	S50812A	V892XXA
1769 E MOODY BLVD	BLDG 3	BUNNELL	FL	S50812A	V892XXA
60 MEMORIAL MEDICAL PKWY	PALM COAST	FL		S299XXA	I10
60 MEMORIAL MEDICAL PKWY	PALM COAST	FL		S299XXA	I10
60 MEMORIAL MEDICAL PKWY	PALM COAST	FL		S299XXA	I10
60 MEMORIAL MEDICAL PKWY	PALM COAST	FL		S299XXA	I10
60 MEMORIAL MEDICAL PKWY	PALM COAST	FL		S299XXA	I10
601 E ROLLINS ST		ORLANDO	FL	RO600	
1769 E MOODY BLVD	BLDG 3	BUNNELL	FL	S50812A	V892XXA
1769 E MOODY BLVD	BLDG 3	BUNNELL	FL	S50812A	V892XXA
60 MEMORIAL MEDICAL PKWY	PALM COAST	FL	RO789		

K_OtherProcedureCode1	K_OtherProcedureCode2	Charge Amount
A0428		\$400.00
A0425		\$13.30
A0428		\$400.00
A0425		\$13.30
A0428		\$400.00
A0425		\$13.30
99284		\$646.00
A0428		\$400.00
A0425		\$13.30
	R0259	\$1.95
84484	R0301	\$288.44
71010	R0324	\$457.08
99284	R0450	\$1,197.27
93005	R0730	\$495.93
71010		\$28.14
A0428		\$400.00
A0425		\$13.30
99284		\$646.00
		\$5,827.31

FLORIDA TRAFFIC CRASH REPORTLONG FORM SHORT FORM UPDATE MAIL TO: DEPARTMENT OF HIGHWAY SAFETY & MOTOR VEHICLES
TRAFFIC CRASH RECORDS, NEIL KIRKMAN BUILDING
TALLAHASSEE, FL 32399-0537TOTAL # OF VEHICLE SECTION(S) 3TOTAL # OF PERSON SECTION(S) 3TOTAL # OF NARRATIVE SECTION(S) 1

CRASH DATE 01/11/17	TIME OF CRASH 11:07 AM	DATE OF REPORT 01/11/17	REPORTING AGENCY/CASE NUMBER [REDACTED]	HSMV CRASH REPORT NUMBER [REDACTED]			
CRASH IDENTIFIERS							
COUNTY CODE 61	CITY CODE 53	COUNTY OF CRASH Flagler	PLACE OR CITY OF CRASH Palm Coast	CHECK IF WITHIN CITY LIMITS <input checked="" type="checkbox"/>			
TIME ON SCENE 11:28 AM	TIME CLEARED SCENE 12:31 PM	CHECK IF COMPLETED <input checked="" type="checkbox"/>	REASON (If Investigation NOT Complete)	TIME REPORTED 11:07 AM TIME DISPATCHED 11:13 AM Notified By: 1 Motorist 2 Law Enforcement [REDACTED]			
ROADWAY INFORMATION (CHOOSE ONLY 1 OF 4 OPTIONS)							
CRASH OCCURRED ON STREET, ROAD, HIGHWAY E State Road 100 HWY							
FEET	MILES	N S E W [REDACTED]	AT / FROM INTERSECTION WITH STREET, ROAD, HIGHWAY Landing BLVD	AT STREET ADDRESS # 1 AT LATITUDE AND LONGITUDE 2 OR FROM MILEPOST # 4			
Road System Identifier		7 Forest Road 8 Private Roadway 9 Parking Lot 77 Other, Explain in Narrative	Type of Shoulder 2 1 Paved 2 Unpaved 3 Curb	Type of Intersection 3 1 Not at Intersection 2 Four-Way Intersection 3 T-Intersection 4 Y-Intersection 5 Traffic Circle 6 Roundabout 7 Five-Point, or More 77 Other, Explain in Narrative			
CRASH INFORMATION (CHECK IF PICTURES TAKEN)							
Light Condition 1 1 Daylight 2 Dusk 3 Dawn 4 Dark-Lighted	Weather Condition 1 5 Dark-Not Lighted 6 Dark-Unknown 7 Lighting 88 Unknown	Roadway Surface Condition 1 4 Fog, Smog, Smoke 5 Sleet/Hail/ Freezing Rain 6 Blowing Sand, Soil, Dirt 7 Severe Crosswinds 88 Unknown	School Bus Related 1 1 No 2 Yes, School Bus Directly Involved 3 Yes, School Bus Indirectly Involved	Manner of Collision/Impact 1 4 Sideswipe, Same Direction 5 Sideswipe, Opposite Direction 6 Rear to Side 7 Rear to Rear 77 Other, Explain in Narrative 88 Unknown			
First Harmful Event 14	Non-Collision	Collision Non-Fixed Object	Collision with Fixed Object	First Harmful Event Location 1 1 On Roadway 2 Off Roadway 3 Shoulder 4 Median 6 Gore 7 Separator 8 In Parking Lane or Zone 9 Outside Right-of-way 10 Roadside 88 Unknown			
First Harmful Event within Interchange 1 1 No 2 Yes 88 Unknown	1 Overturn/Rollover 2 Fire/Explosion 3 Immersion 4 Jackknife 5 Cargo/Equipment Loss or Shift 6 Fell/Jumped From Motor Vehicle 7 Thrown or Falling Object 8 Ran into Water/Canal 9 Other Non-Collision	10 Pedestrian 11 Pedalcycle 12 Railway Vehicle (train, engine) 13 Animal 14 Motor Vehicle in Transport 15 Parked Motor Vehicle 16 Work Zone/Maintenance Equipment 17 Struck By Falling, Shifting Cargo 18 Other Non-Fixed Object	19 Impact Attenuator/Crash Cushion 20 Bridge Overhead Structure 21 Bridge Pier or Support 22 Bridge Rail 23 Culvert 24 Curb 25 Ditch 26 Embankment 27 Guardrail Face 28 Guardrail End 29 Cable Barrier	30 Concrete Traffic Barrier 31 Other Traffic Barrier 32 Tree (standing) 33 Utility Pole/Light Support 34 Traffic Sign Support 35 Traffic Signal Support 36 Other Post, Pole or Support 37 Fence 38 Mailbox 39 Other Fixed Object (wall, building, tunnel, etc.)			
First Harmful Event Relation to Junction 3 1 Non-Junction 2 Intersection 3 Intersection-Related 4 Driveway/Alley Access Related	5 Railway Grade Crossing 14 Entrance/Exit Ramp 15 Crossover - Related 16 Shared-Use Path or Trail 17 Acceleration/Deceleration Lane 18 Through Roadway 77 Other, Explain in Narrative 88 Unknown	Contributing Circumstances: Road 1 1 None 4 Work Zone (construction/maintenance/utility) 6 Shoulders (none, low, soft, high) 7 Rut, Holes, Bumps	9 Worn, Travel-Polished Surface 10 Road Surface Condition (wet, icy, snow, slush, etc.) 11 Obstruction in Roadway 12 Debris 13 Traffic Control Device Inoperative, Missing or Obscured 14 Non-Highway Work 77 Other, Explain in Narrative 88 Unknown	Contributing Circumstances: Environment 1 1 None 2 Weather Conditions 3 Physical Obstruction(s) 4 Glare 5 Animal(s) in Roadway 77 Other, Explain in Narrative 88 Unknown			
Work Zone Related 1 1 No 2 Yes 88 Unknown	Crash in Work Zone	Type of Work Zone	Workers in Work Zone 1 No 2 Yes 88 Unknown	Law Enforcement in Work Zone 1 No 2 Officer Present 3 Law Enforcement Vehicle Only Present			
WITNESSES							
NAME		ADDRESS	CITY & STATE	ZIP CODE			
NAME		ADDRESS	CITY & STATE	ZIP CODE			
NAME		ADDRESS	CITY & STATE	ZIP CODE			
NON VEHICLE PROPERTY DAMAGE							
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE
VEHICLE #	PERSON #	PROPERTY DAMAGE - OTHER THAN VEHICLE	EST. AMOUNT	OWNER'S NAME <input type="checkbox"/> (Check if Business)	ADDRESS	CITY & STATE	ZIP CODE

VEHICLE #		1		Check if Commercial		REPORTING AGENCY CASE NUMBER			HSMV CRASH REPORT NUMBER	
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		1		VEHICLE LICENSE NUMBER		STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	
						FL	12/03/17	<input checked="" type="checkbox"/>		
Hit and Run 1 No 2 Yes 88 Unknown		1		YEAR	MADE	MODEL	STYLE	COLOR	DAMAGE: 1 Disabling 2 Minor 3 None 4 Minor 88 Unknown	
				2000	Volkswagen		4 Door	Black		
INSURANCE COMPANY GEICO GENERAL INSURANCE COMPANY				INSURANCE POLICY NUMBER		Towed due to Damage: 1 No 2 Yes	2	VEHICLE REMOVED BY	1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative	
				1125225407				SAXONS TOWING		
NAME OF VEHICLE OWNER (Check if Business)				CURRENT ADDRESS			CITY & STATE		ZIP CODE	
TRAILER #		LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH AXLES	
TRAILER #		LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH AXLES	
VEHICLE TRAVELING		N S E W	Off-Road Unknown	ON STREET, ROAD, HIGHWAY				AT EST. SPEED	POSTED SPEED	TOTAL LANES
			X	State Highway 100				30	50	4
HAZ MAT. RELEASED 1 No 2 Yes 88 Unknown		HAZ MAT PLACARD 1 No 2 Yes 88 Unknown		HAZ MAT. NUMBER	HAZ MAT. CLASS	Area of Initial Impact		Most Damaged Area		
						2	3 4 5 6 7	18 Undercarriage 19 Overturn 20 Windshield 21 Trailer	2	3 4 5 6 7
MOTOR CARRIER NAME				US DOT NUMBER		16	17	19	16	17
MOTOR CARRIER ADDRESS				CITY & STATE		14	13 12 11 10	20	14 13 12 11 10	8
Vehicle Body Type		4		Trafficway				Commercial Motor Vehicle Configuration		
1		15 Low Speed Vehicle 16 (Sport) Utility Vehicle 17 Cargo Van (10,000 lbs (4,536 kg) or less) 18 Motor Coach 19 Other Light Trucks (10,000 lbs (4,536 kg) or less) 20 Medium/Heavy Trucks (more than 10,000 lbs (4,536 kg)) 21 Farm Labor Vehicle 77 Other, Explain in Narrative 88 Unknown		1 Two-Way, Not Divided 2 Two-Way, Not Divided, with a Continuous Left Turn Lane 3 Two-Way, Divided, Unprotected (painted <4 feet) Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway 88 Unknown				1 Vehicle 10,000 lbs or less Placarded for Hazardous Materials 2 Single-Unit Truck (2-axle and GVWR more than 10,000 lbs (4,536 kg)) 3 Single-Unit Truck (3 or more axles) 4 Truck Pulling Trailer(s) 5 Truck Tractor (bobtail) 6 Truck Tractor/Semi-Trailer 7 Truck Tractor/Double		
1 Passenger Car 2 Passenger Van 3 Pickup 7 Motor Home 8 Bus 11 Motorcycle 12 Moped 13 All Terrain Vehicle (ATV)		14		Trailer Type				8 Truck Tractor/Triple 9 Truck more than 10,000 lbs (4,536 kg), Cannot Classify 10 Bus/Large Van (seats for 9-15 occupants, including driver) 11 Bus (seats for more than 15 occupants, including driver) 77 Other, Explain in Narrative 88 Unknown		
Comm/Non-Commercial 1 Interstate Carrier 2 Intrastate Carrier 3 Not in Commerce/Government 4 Not in Commerce/Other Truck		1		TRAILER 1 TRAILER 2		8 Pole Trailer 9 Towed Vehicle 10 Auto Transport 77 Other, Explain in Narrative 88 Unknown		Cargo Body Type		
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Most Harmful Event		14		Comm GVWR/GCWR		1 10,000 lbs (4,536 kg) or less 2 10,001-26,000 lbs (4,536-11,793 kg) 3 More than 26,000 lbs (11,793 kg) 4 Not Applicable		Emergency Vehicle Use		
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Special Function of Motor Vehicle		1		Vehicle Maneuver Action		5		Vehicle Defects		
		1		1 Straight Ahead 3 Turning Left 4 Backing 5 Turning Right 6 Changing Lanes 8 Parked 10 Making U-Turn 11 Overtaking/Passing		13 Stopped in Traffic 14 Slowing 15 Negotiating a Curve 16 Leaving Traffic Lane 17 Entering Traffic Lane 77 Other, Explain in Narrative 88 Unknown		1 None 2 Brakes 3 Tires 4 Lights (head, signal, tail) 6 Steering 7 Wipers 9 Exhaust System 10 Body, Doors 11 Power Train 88 Unknown		
VIOLATIONS		1		NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER
PERSON #		1		NAME OF VIOLATOR		316.1925.1 non-ucr		Careless Driving		
PERSON #				NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER
PERSON #				NAME OF VIOLATOR		FL STATUTE NUMBER		CHARGE		CITATION NUMBER

VEHICLE #	2	Check if Commercial			REPORTING AGENCY CASE NUMBER			HSMV CRASH REPORT NUMBER																																																																																																																																																																																																							
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INSURANCE COMPANY State Farm			INSURANCE POLICY NUMBER 9676185-A31-59E 4		Towed due to Damage: 1 No 2 Yes	2	VEHICLE REMOVED BY SAXONS TOWING	1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative	1																																																																																																																																																																																																						
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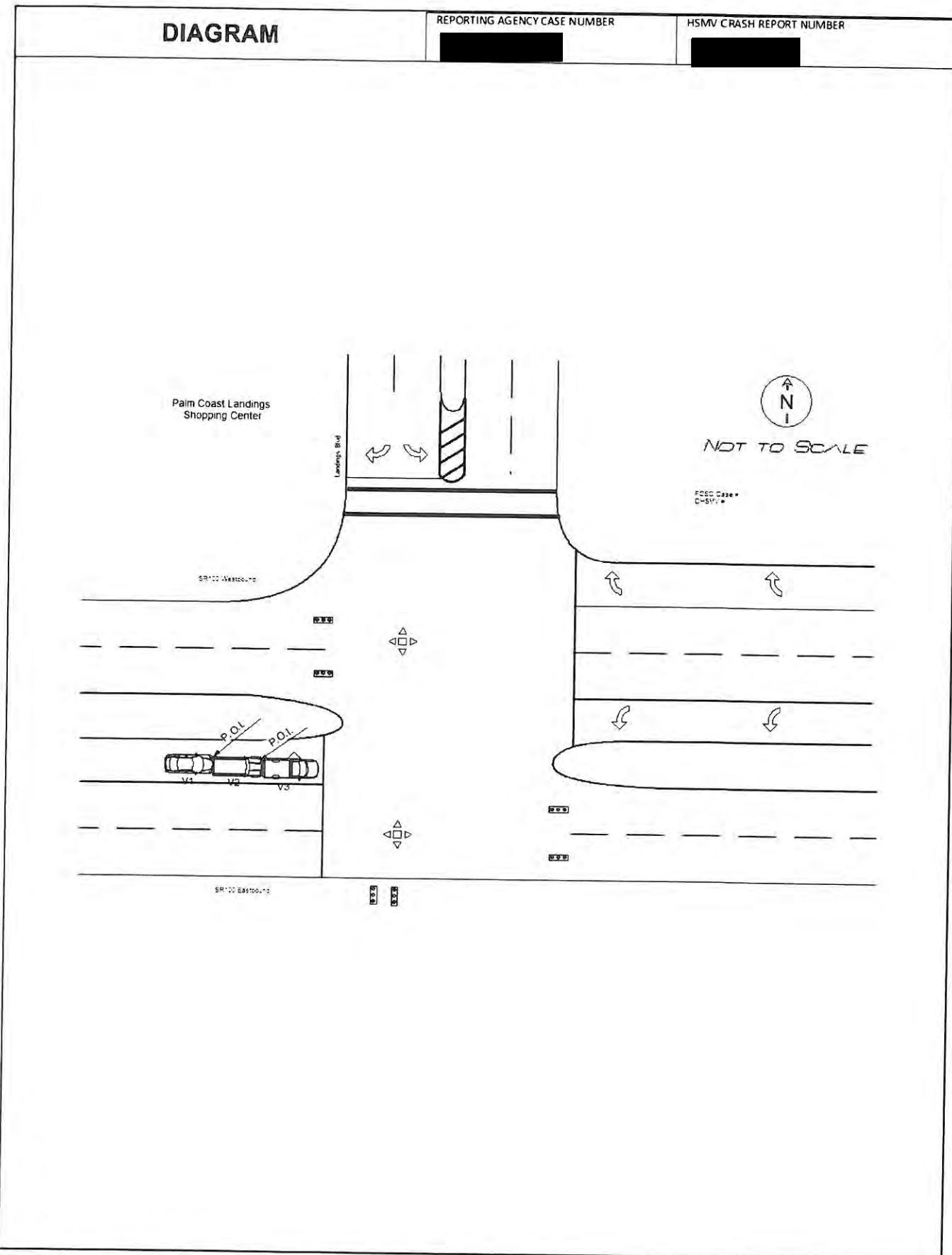
VEHICLE #		3	Check if Commercial		REPORTING AGENCY CASE NUMBER			HSMV CRASH REPORT NUMBER								
1 Vehicle in Transport 2 Parked Motor Vehicle 3 Working Vehicle		1	VEHICLE LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN									
Hit and Run 1 No 2 Yes 88 Unknown		1		FL	12/31/17	<input type="checkbox"/>										
YEAR		2008	MAKE	MODEL	STYLE	COLOR	DAMAGE:									
			Ford	F-150	Pick Up Truck	Blue	1 Disabling 2 Functional 3 None	4 Minor 88 Unknown	EST. AMOUNT							
2									2							
INSURANCE COMPANY				INSURANCE POLICY NUMBER		Towed due to Damage: 1 No 2 Yes	1	VEHICLE REMOVED BY		1 Rotation 2 Owner Request 3 Driver 77 Other, Explain in Narrative						
UNK										3						
NAME OF VEHICLE OWNER (Check if Business)				CURRENT ADDRESS		CITY & STATE		ZIP CODE								
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES							
TRAILER #	LICENSE NUMBER	STATE	REGISTRATION EXPIRES	Check if Permanent Registration	VIN	YEAR	MAKE	LENGTH	AXLES							
VEHICLE TRAVELING	N S E W	Off-Road	Unknown	ON STREET, ROAD, HIGHWAY				AT EST. SPEED	POSTED SPEED	TOTAL LANES						
		X		State Road 100				0	55	3						
HAZ MAT. RELEASED	HAZ MAT PLACARD	HAZ MAT. NUMBER	HAZ MAT. CLASS	Area of Initial Impact				Most Damaged Area								
1 No 2 Yes 88 Unknown	1 No 2 Yes 88 Unknown			2	3	4	5	6	7	18 Undercarriage 19 Overturn 20 Windshield 21 Trailer	2	3	4	5	6	7
MOTOR CARRIER NAME				US DOT NUMBER				1 16 18 17 8 9 14 13 12 11 10 5				1 16 18 17 8 9 14 13 12 11 10 5				
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PERSON # 1			REPORTING AGENCY CASE NUMBER [REDACTED]				HSMV CRASH REPORT NUMBER [REDACTED]									
1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 1	NAME [REDACTED]					PHONE NUMBER	Check if Recommend Driver Re-exam <input type="checkbox"/>								
CURRENT ADDRESS (Number and Street) [REDACTED]			CITY & STATE [REDACTED]				ZIP CODE [REDACTED]									
DATE OF BIRTH	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER [REDACTED]	STATE FL	EXPIRES 10/09/24	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-Incapacitating		4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality		2							
DL Type 5 1 A 2 B 3 C 4 D/Chauffeur 5 E/Operator 6 E/Oper - Rest 7 None			Required Endorsements 3 1 Yes 2 No 3 No Req. Endorsement			DRIVER Driver's Actions at Time of Crash 1st 10 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane 2nd 2 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided : Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action						3rd	Condition At Time of Crash 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown			
Driver Distracted By 1 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)			4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown			4th										
Driver Vision Obstructions 1 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes			5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog			DRIVER OR PASSENGER Helmet Use (HU) 3 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet						Eye Protection (EP) 3 1 Yes 2 No 3 Not Applicable				
DRIVER OR PASSENGER Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area 88 Unknown 5 Trailing Unit 5 Trailing Unit 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown			LOCATION: SEAT ROW OTHER (LOC) 1 1 1			Air Bag Deployed (ABD) 1 1 Not Applicable 3 2 Not Deployed 3 3 Deployed-Front 4 4 Deployed-Side						Restraint Systems (RS) 3 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative				
Non-Motorist Description 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist			Non-Motorist Location At Time of Crash 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside			Ejection (EJECT) 1 1 Not Ejected 2 2 Ejected, Totally 3 3 Ejected, Partially 4 4 Not Applicable 88 Unknown						Action Prior to Crash 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Traffic/Way (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown				
Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)			5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown			Non-Motorist Actions/Circumstances 1st 1 No Improper Action 2 2 Dart/Dash 3 3 Failure to Yield Right-of-Way 4 4 Failure to Obey Traffic Signs, Signals, or Officer 5 5 in Roadway Improperly (standing, lying, working, playing) 6 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)						7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 9 Not Visible (dark clothing, no lighting, etc.)				
ALCOHOL TESTED: ALCOHOL USE: 1 No 2 Yes 88 Unknown			ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 88 Unknown, If Tested			ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown			BAC			SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, If Tested	DRUG TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown	
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			EMS AGENCY NAME OR ID 2 Rescue 11			EMS RUN NUMBER [REDACTED]			MEDICAL FACILITY TRANSPORTED TO FHF							
ADDITIONAL PASSENGERS																
PERSON #	VEHICLE #	NAME				DATE OF BIRTH	INJ	SEX	LOC. S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)						CITY & STATE			ZIP CODE							
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			EMS AGENCY NAME OR ID [REDACTED]			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO							
PERSON # VEHICLE # NAME						DATE OF BIRTH	INJ	SEX	LOC. S	R	O	EJECT	HU	EP	ABD	RS
CURRENT ADDRESS (Number and Street)						CITY & STATE			ZIP CODE							
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			EMS AGENCY NAME OR ID [REDACTED]			EMS RUN NUMBER			MEDICAL FACILITY TRANSPORTED TO							

PERSON # 2		REPORTING AGENCY CASE NUMBER [REDACTED]				HSMV CRASH REPORT NUMBER [REDACTED]									
1 Driver 2 Non-Motorist 3 Passenger	1	VEHICLE # 2	NAME [REDACTED]					PHONE NUMBER	Check if Recommend Driver Re-exam <input type="checkbox"/>						
CURRENT ADDRESS (Number and Street) [REDACTED]				CITY & STATE [REDACTED]				ZIP CODE [REDACTED]							
DATE OF BIRTH	SEX: 1 Male 2 Female 88 Unknown	1	DRIVER LICENSE NUMBER [REDACTED]	STATE FL	EXPIRES 01/25/20	INJURY SEVERITY (INJ) 1 None 2 Possible 3 Non-incapacitating 4 Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality	1								
DL Type 5 1 A 2 B 3 C 4 D/Chasseur 5 E/Operator 6 E/Oper - Rest 7 None		Required Endorsements 3 1 Yes 2 No 3 No Req. Endorsement		1st 1	Driver's Actions at Time of Crash 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane				3rd [REDACTED]						
Driver Distracted By 1 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)		4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown		2nd [REDACTED]	4th [REDACTED]				Condition At Time of Crash 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown						
Driver Vision Obstructions 1 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes		5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog		9 Smoke 10 Glare 77 All Other, Explain in Narrative	DRIVER OR PASSENGER				DRIVER OR PASSENGER						
DRIVER OR PASSENGER		LOCATION: SEAT ROW OTHER (LOC) 1 1 1		Ejection (EJECT) 1	Helmet Use (HU) 3 1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 Non-Helmet				Eye Protection (EP) 3 1 Yes 2 No 3 Not Applicable						
Motor Vehicle Seating Position: Seat Row Other		1 Left 1 Front 2 Middle 2 Second 3 Right 3 Third 77 Other 4 Fourth 77 Other Row 5 Trailing Unit 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown		Air Bag Deployed (ABD) 3 1 Not Applicable 2 Deployed, Partially 3 Deployed-Front 4 Deployed-Side 88 Unknown	Air Bag Deployed (ABD) 1 Not Applicable 2 Not Deployed 3 Deployed-Front 4 Deployed-Side 88 Unknown				Restraint Systems (RS) 3 1 Not Applicable 2 None Used - Motor Vehicle Occupant 3 Shoulder and Lap Belt Used 4 Shoulder Belt Only Used 5 Lap Belt Only Used 6 Restraint Used - Type Unknown 7 Child Restraint System - Forward Facing 8 Child Restraint System - Rear Facing 9 Booster Seat 10 Child Restraint Type Unknown 77 Other, Explain in Narrative						
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Safety Equipment 1 None 2 Helmet 3 Protective Pads Used (elbow, knees, shins, etc.) 4 Reflective Clothing (jacket, backpack, etc.)		5 Lighting 6 Not Applicable 77 Other, Explain in Narrative 88 Unknown		Non-Motorist Actions/Circumstances 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)				7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc) 9 Not Visible (dark clothing, no lighting, etc.)	10 Improper Turn/Merge 11 Improper Passing 12 Wrong-Way Riding or Walking 77 Other, Explain in Narrative 88 Unknown						
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, If Tested	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	BAC SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, If Tested	DRUG TEST TYPE: 1 Blood 3 Urine 77 Other, Explain in Narrative 88 Unknown	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown								
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID 2 Rescue 11		EMS RUN NUMBER [REDACTED]		MEDICAL FACILITY TRANSPORTED TO FHF									
ADDITIONAL PASSENGERS		PERSON # VEHICLE # NAME		DATE OF BIRTH		INJ	SEX	LOC: S R O	EJECT	HU	EP	ABD	RS		
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE											
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID [REDACTED]		EMS RUN NUMBER [REDACTED]		MEDICAL FACILITY TRANSPORTED TO									
PERSON # VEHICLE # NAME		DATE OF BIRTH		INJ	SEX	LOC: S R O	EJECT	HU	EP	ABD	RS				
CURRENT ADDRESS (Number and Street)		CITY & STATE		ZIP CODE											
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative		EMS AGENCY NAME OR ID [REDACTED]		EMS RUN NUMBER [REDACTED]		MEDICAL FACILITY TRANSPORTED TO									

PERSON # 3			REPORTING AGENCY CASE NUMBER [REDACTED]				HSMV CRASH REPORT NUMBER [REDACTED]						
1 Driver 2 Non-Motorist 3 Passenger	VEHICLE # 1 3	NAME [REDACTED]					PHONE NUMBER [REDACTED]	Check if Recommended Driver Re-exam [REDACTED]					
CURRENT ADDRESS (Number and Street) [REDACTED]			CITY & STATE [REDACTED]				ZIP CODE [REDACTED]						
DATE OF BIRTH [REDACTED]	SEX: 1 Male 2 Female 88 Unknown	DRIVER LICENSE NUMBER 1	STATE FL	EXPIRES 01/14/18	INJURY SEVERITY (IN)		4 Incapacitating 1 None 2 Possible 3 Non-Incapacitating 5 Fatal (within 30 days) 6 Non-Traffic Fatality						
DL Type 5 1 A 2 B 3 C 4 D/Chaufeur 5 E/Operator 6 E/Oper - Rest 7 None			Required Endorsements 3 1 Yes 2 No 3 No Req. Endorsement			DRIVER'S ACTIONS AT TIME OF CRASH			CONDITION AT TIME OF CRASH				
Driver Distracted By 1 1 Not Distracted 2 Electronic Communication Devices (cell phone, etc.) 3 Other Electronic Device (navigation device, DVD player)			4 Other Inside the Vehicle (explain in narrative) 5 External Distraction (outside the vehicle, explain in narrative) 6 Texting 7 Inattentive 88 Unknown			1st 1 1 No Contributing Action 2 Operated MV in Careless or Negligent Manner 3 Failed to Yield Right-of-Way 4 Improper Backing 5 Improper Turn 10 Followed too Closely 11 Ran Red Light 12 Drove too Fast for Conditions 13 Ran Stop Sign 15 Improper Passing 17 Exceeded Posted Speed 21 Wrong Side of Wrong Way 25 Failed to Keep in Proper Lane			3rd 26 Ran off Roadway 27 Disregarded other Traffic Sign 28 Disregarded Other Road Markings 29 Over-Correcting/Over-Steering 30 Swerved or Avoided Due to Wind, Slippery Surface, MV, Object, Non-Motorist in Roadway, etc. 31 Operated MV in Erratic, Reckless or Aggressive Manner 77 Other Contributing Action				
Driver Vision Obstructions 1 1 Vision Not Obscured 2 Inclement Weather 3 Parked/Stopped Vehicle 4 Trees/Crops/Bushes			5 Load on Vehicle 6 Building/Fixed Object 7 Signs/Billboards 8 Fog			2nd 9 Smoke 10 Glare 77 All Other, Explain in Narrative			4th 1 Apparently Normal 3 Asleep or Fatigued 5 Ill (sick) or Fainted 6 Seizure, Epilepsy, Blackout 7 Physically Impaired 8 Emotional (depression, angry, disturbed, etc.) 9 Under the Influence of Medications/Drugs/Alcohol 77 Other, Explain in Narrative 88 Unknown				
DRIVER OR PASSENGER						HELMET USE (HU)			EYE PROTECTION (EP)				
Motor Vehicle Seating Position: Seat Row Other 1 Left 1 Front 1 Not Applicable 2 Middle 2 Second 2 Sleeper Section of Truck Cab 3 Right 3 Third 3 Other Enclosed Cargo Area 77 Other 4 Fourth 4 Unenclosed Cargo Area 77 Other Row 5 Trailing Unit 88 Unknown 6 Riding on Motor Vehicle Exterior (non-trailing unit) 88 Unknown						LOCATION: SEAT (LOC) 1 1 OTHER			1 DOT-Compliant Motorcycle Helmet 2 Other Helmet 3 No Helmet				
EJECTION (EJECT) 1						AIR BAG DEPLOYED (ABD) 2 1 Not Ejected 2 Ejected, Totally 3 Ejected, Partially 4 Not Applicable 88 Unknown			1 Deployed-Other (knee, air belt, etc.) 2 Not Deployed 3 Deployed-Front 4 Deployed-Side 88 Deployment Unknown				
NON-MOTORIST						NON-MOTORIST LOCATION AT TIME OF CRASH 1 Intersection - Marked Crosswalk 2 Intersection - Unmarked Crosswalk 3 Intersection - Other 4 Midblock - Marked Crosswalk 5 Travel Lane - Other Location 6 Bicycle Lane 7 Shoulder/Roadside			ACTION PRIOR TO CRASH 1 Crossing Roadway 2 Waiting to Cross Roadway 3 Walking/Cycling Along Roadway with Traffic (in or adjacent to travel lane) 4 Walking/Cycling Along Roadway Against Traffic (in or adjacent to travel lane) 5 Walking/Cycling on Sidewalk 6 In Roadway - Other (working, playing, etc.) 7 Adjacent to Roadway (e.g., shoulder, median) 8 Going to or from School (K-12) 9 Working in Trafficway (incident response) 10 None 77 Other, Explain in Narrative 88 Unknown				
NON-MOTORIST DESCRIPTION 1 Pedestrian 2 Other Pedestrian (wheelchair, person in a building, skater, pedestrian conveyance, etc.) 3 Bicyclist 4 Other Cyclist 5 Occupant of Motor Vehicle Not in Transport (parked, etc.) 6 Occupant of a Non-Motor Vehicle Transportation Device 7 Unknown Type of Non-Motorist						NON-MOTORIST ACTIONS/CIRCUMSTANCES 1 No Improper Action 2 Dart/Dash 3 Failure to Yield Right-of-Way 4 Failure to Obey Traffic Signs, Signals, or Officer 5 In Roadway Improperly (standing, lying, working, playing) 6 Disabled Vehicle Related (working on, pushing, leaving/approaching)			7 Entering/Exiting Parked/Standing Vehicle 8 Inattentive (talking, eating, etc.) 9 Not Visible (dark clothing, no lighting, etc.)				
SAFETY EQUIPMENT 1 None 2 Helmet 3 Protective Pads Used (elbows, knees, shins, etc.) in Narrative 4 Reflective Clothing (jacket, backpack, etc.)						ALCOHOL/DRUG/EMS 1 ALCOHOL TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, If Tested			1 DRUG TESTED: 1 Test Not Given 2 Test Refused 3 Test Given 88 Unknown, If Tested				
SUSPECTED ALCOHOL USE: 1 No 2 Yes 88 Unknown	ALCOHOL TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	ALCOHOL TEST RESULT: 1 Pending 2 Completed 88 Unknown	BAC	SUSPECTED DRUG USE: 1 No 2 Yes 88 Unknown	DRUG TEST TYPE: 1 Blood 2 Breath 3 Urine 77 Other, Explain in Narrative	DRUG TEST RESULT: 1 Positive 2 Negative 3 Pending 88 Unknown							
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			EMS AGENCY NAME OR ID 1	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO								
ADDITIONAL PASSENGERS						PERSON # VEHICLE # NAME DATE OF BIRTH INJ SEX LOC:S R O EJECT HU EP ABD R5							
CURRENT ADDRESS (Number and Street) [REDACTED]			CITY & STATE [REDACTED]				ZIP CODE [REDACTED]						
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			EMS AGENCY NAME OR ID [REDACTED]	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO								
PERSON # VEHICLE # NAME			DATE OF BIRTH	INJ	SEX	LOC:S	R	O	EJECT	HU	EP	ABD	R5
CURRENT ADDRESS (Number and Street) [REDACTED]			CITY & STATE [REDACTED]				ZIP CODE [REDACTED]						
SOURCE OF TRANSPORT TO MEDICAL FACILITY 1 Not Transported 2 EMS 3 Law Enforcement 77 Other, Explain in Narrative			EMS AGENCY NAME OR ID [REDACTED]	EMS RUN NUMBER	MEDICAL FACILITY TRANSPORTED TO								

HSMV 90010 S (N/D) (rev 06/13)



Providing Insurance and Financial Services
Home Office, Bloomington, IL



August 5, 2021

Msp Recovery
2701 S Le Jeune Rd FL 11th
Coral Gables FL 33134-5809

State Farm Claims
PO Box 106134
Atlanta GA 30348-6134

RE: Claim Number: [REDACTED]
Date of Loss: January 11, 2017
Our Insured: [REDACTED]
File Number: [REDACTED]
Policy Number: 967618559E
Patient Name: [REDACTED]

To Whom It May Concern:

Dear Ms. Fernandez:

State Farm Mutual Automobile Insurance Company hereby responds to the civil remedy notice filed by MSP Recovery 7/29/2021. The CRN purports to relate to claims for medical treatment of State Farm insured [REDACTED] who also was enrolled in a Medicare plan and/or Medicaid plan. The CRN alleges that the Insured was involved in an accident and that Health First Health Plans, Inc. serviced or administered and paid for medical expenses related to the accident and assigned recovery rights to MSP Recovery Claims Series 44, LLC.

The reasons for the notice are set forth as claim denial, claim delay, unsatisfactory settlement offer, and unfair trade practice.

The notice asserts the following violations:

Not attempting in good faith to settle claims when, under all the circumstances, it could and should have done so, had it acted fairly and honestly toward its insured and with due regard for her or his interests.

Insurer did not honor the assignment of benefits and pay according to the terms of the insurance contract and controlling statutory provision

Insurer failed to review, negotiate in good faith, and settle a valid Medicare lien.

No other information is provided.

[REDACTED]
Page 2
August 5, 2021

As an initial matter, we point out that the CRN is legally deficient under section 624.155, Florida Statutes, and its implementing rules, in numerous respects:

1. The notice fails to identify the "person or persons representing the insurer who are most responsible for/knowledgeable of the facts giving rise to the allegations" in the notice.
2. The notice fails to recite or refer to the actual policy language in the subject policy. Indeed, no policy language is identified in the notice.
3. The notice fails to identify any specific bill purportedly not properly paid.
4. The notice fails to identify the amounts allegedly due under a State Farm insurance policy so that State Farm could cure the alleged violations and avoid unnecessary litigation.
5. The notice fails to state the facts and circumstances giving rise to the alleged violations with the specificity as required by the statute. Section 624.155, Florida Statutes, requires that the facts and circumstances giving rise to the alleged violations be stated "with specificity." The intended purpose of the CRN is to give the insurer notice of what it has done wrong and provide it an opportunity to correct the circumstances and thereby cure any alleged violations. The CRN does not comply with these statutory requirements. Accordingly, it fails to inform State Farm what it could do to cure the alleged violations if it wanted to do so, thereby defeating the purpose of the notice and cure provisions in the statutes.

The failure to provide the required specificity makes it impossible for State Farm to evaluate whether a claim has ever been presented to State Farm or to assess the validity of any such claim, still less to evaluate any alleged mishandling or statutory violations by State Farm for civil remedies purported to be raised by the notice.

In addition, although your notice asserts that MSP Recovery is the valid assignee of claims assigned by a Medicare and/or Medicaid plan, the notice provides no information that would allow State Farm to assess the validity of that assertion. To assert a claim, including for civil remedies, MSP Recovery must show that it has a valid assignment from an MAO, Medicaid Care Organization ("MCO"), or first-tier, or downstream entity.

Without any additional information that would allow State Farm to further assess the validity of the notice, State Farm specifically and expressly denies the allegations alleged in the CRN and affirms that at all time, State Farm acted in good faith and fairly and honestly toward providers and its insureds. It is State Farm's policy to pay all claims that it properly owes.

This response is not intended to be all-inclusive of the deficiencies in the notice. State Farm reserves the right to raise additional deficiencies in the notice, if, and when, such might become appropriate. For example, some claims may be barred by the applicable statute of limitations, the MSP Act's one-year claims-filing provision, or the exhaustion of benefits under the policy. Medicaid likewise may be barred or limited by the Florida Agency for Health Care Administration's contracts with MCOs.

In light of all the legal deficiencies in the notice, if you believe State Farm has actually mishandled a claim, State Farm requests that you file a new or amended CRN that complies with all the specificity requirements of the statute and would allow State Farm an opportunity to cure if any mishandling of a claim or violations actually occurred.

[REDACTED]
Page 3
August 5, 2021

We trust that this fully responds to the CRN you filed. If you have any questions about this response to the CRN, please contact PIP/MPC Team Manager, Bill Ponder. State Farm will advise the Department of Financial Services via its website that this response has been provided.

If you have questions or need assistance, call us at (844) 292-8615 Ext. 8633182827.

Sincerely,

Bill Ponder
Team Manager
(844) 292-8615 Ext. 8633182827
Fax: (844) 218-1140

State Farm Mutual Automobile Insurance Company



Auto PIP A1 - PIP/MPC
P.O. Box 106134
Atlanta, GA 30348-6134

 State Farm®

PRESORTED FIRST CLASS

FIRST-CLASS MAIL
AUTO
U.S. Postage Paid
Lincoln, NE
STATE FARM

A vertical, narrow strip of textured material, likely a book cover or endpaper, showing a dense, woven pattern. The strip is oriented vertically on the left side of the page.

166-3801.2-AT 10-20-2014

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Civil Remedy Notice of Insurer Violations

Filing Number: [REDACTED]

Filing Accepted: 7/29/2021

Warning! Information submitted as part of this civil remedy notice is a public record. Data entered into this form will be displayed on the DFS website for public review. Please DO NOT enter Social Security Numbers, personal medical information, personal financial information or any other information you do not want available for public review.

The submitter hereby states that this notice is given in order to perfect the rights of the person(s) damaged to pursue civil remedies authorized by Section 624.155, Florida Statutes.

Complainant

Name:	MSP RECOVERY
Street Address:	2701 S LE JEUNE ROAD 11TH FLOOR
City, State Zip:	CORAL GABLES, FL 33134
Email Address:	CIVILREMEDY@MSPRECOVERY.COM
Complainant Type:	Other

Insured

Name:	[REDACTED]
Policy #:	9676185-A31-59E-4
Claim #:	[REDACTED]

Attorney

Name:	MSP RECOVERY
Street Address:	2701 S LE JEUNE ROAD 11TH FLOOR
City, State Zip:	CORAL GABLES, FL 33134
Email Address:	CIVILREMEDY@MSPRECOVERY.COM

Notice Against

Insurer Type:	Authorized Insurer
Name:	STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY

Please identify the person or persons representing the insurer who are most responsible for/knowledgeable of the facts giving rise to the allegations in this notice.

MSP RECOVERY

Type of Insurance: **Auto**



Civil Remedy Notice of Insurer Violations

Filing Number: [REDACTED]

Reason for Notice

Reasons for Notice:

- Claim Denial**
- Claim Delay**
- Unsatisfactory Settlement Offer**
- Unfair Trade Practice**

PURSUANT TO SECTION 624.155, F.S. please indicate all statutory provisions alleged to have been violated.

624.155(1)(b)(1) Not attempting in good faith to settle claims when, under all the circumstances, it could and should have done so, had it acted fairly and honestly toward its insured and with due regard for her or his interests.

Reference to specific policy language that is relevant to the violation, if any. If the person bringing the civil action is a third party claimant, she or he shall not be required to reference the specific policy language if the authorized insurer has not provided a copy of the policy to the third party claimant pursuant to written request.

On January 11, 2017, [REDACTED] that was enrolled in a Medicare plan which was serviced or administered by Health First Health Plans, Inc., was involved in an accident. Health First Health Plans, Inc. paid for medical expenses related to the accident and assigned those recovery rights to MSP Recovery Claims Series 44, LLC

To enable the insurer to investigate and resolve your claim, describe the facts and circumstances giving rise to the insurer's violation as you understand them at this time.

Insurer did not honor the assignment of benefits and pay according to the terms of the insurance contract and controlling statutory provision. Insurer failed to review, negotiate in good faith, and settle a valid Medicare lien.

Comments

User Id	Date Added	Comment

ORIGIN ID: JDMA (305) 614-2222
SANDRA RODRIGUEZ
MSP RECOVERY
2701 S LE JEUNE ROAD, 10TH FLOOR
CORAL GABLES, FL 33134
UNITED STATES US

SHIP DATE: 07 JAN 22
ACTWGT: 2.00 LB
CAD: 25025027/NET 4400

BILL SENDER

TO **INSURANCE CLAIMS DEPARTMENT**
STATE FARM INSURANCE COMPANY
ONE STATE FARM PLAZA

BLOOMINGTON IL 61710

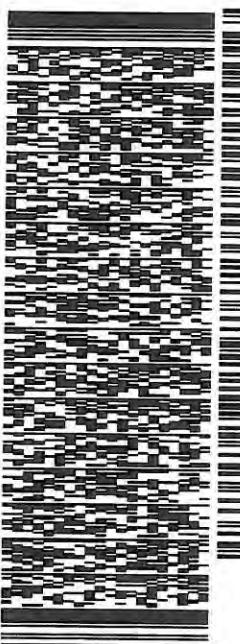
(877) 734-2265

NY

P.O.

DEPT:

REF: MULTIPLE DEMAND/ENT LETTERS



J212321121601uv

MON - 10 JAN 10:30A

PRIORITY OVERNIGHT

DSR

**61710
BMI**

IL-US

XN BMI



After printing this label:

1. Use the 'Print' button on this page to print your label to your laser or inkjet printer.
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Warning: Use only the printed original label for shipping. Using a photocopy of this label for shipping purposes is fraudulent and could result in additional billing charges, along with the cancellation of your FedEx account number.

Use of this system constitutes your agreement to the service conditions in the current FedEx Service Guide, available on fedex.com. FedEx will not be responsible for any claim in excess of \$100 per package, whether the result of loss, damage, delay, non-delivery, misdelivery, or misinformation, unless you declare a higher value, pay an additional charge, document your actual loss and file a timely claim. Limitations found in the current FedEx Service Guide apply. Your right to recover from FedEx for any loss, including intrinsic value of the package, loss of sales, income interest, profit, attorney's fees, costs, and other forms of damage whether direct, incidental, consequential, or special is limited to the greater of \$100 or the authorized declared value. Recovery cannot exceed actual documented loss. Maximum for items of extraordinary value is \$1,000, e.g. jewelry, precious metals, negotiable instruments and other items listed in our Service Guide. Written claims must be filed within strict time limits, see current FedEx Service Guide.

EXHIBIT D

Providing Insurance and Financial Services
Home Office, Bloomington, IL



January 24, 2022

Msp Recovery
2701 S Le Jeune Rd FL 11th
Coral Gables FL 33134-5809

State Farm Claims
PO Box 106134
Atlanta GA 30348-6134

RE: Claim Number: [REDACTED]
Date of Loss: January 11, 2017
Our Insured: [REDACTED]

[REDACTED] It May Concern:

Please allow this letter to confirm receipt of your correspondence dated 01/07/22 for the above captioned loss and the treatment provided to [REDACTED] by Msp Recovery on date(s) of service (DOS) 01/11/17 . Please note that this claim involves our policy language.

Upon review, your demand letter is deficient as it fails to meet the strict requirements outlined in F.S. §627.736(10). The statute requires all demand letters to state with specificity certain information relating to treatment provided, including by example an itemized statement specifying each exact amount, date of treatment, service or accommodation, the type of benefit claimed to be due, and a copy of the assignment of rights to the claim.

The ledger and/or copies of the bills that you submitted with your correspondence lists all charges incurred instead of providing an itemization of those charges claimed to be due as required by statute.

Pursuant to the Third DCA ruling Rivera vs. State Farm Mutual Automobile Insurance Company, in order for an insured's pre-suit demand letter to comply with F.S. §627.736, it must provide the exact information listed in the statute. Because your demand letter is deficient, State Farm® is unable to evaluate the alleged dispute in consideration of resolution.

Please note that your correspondence fails to strictly comply with Florida Statute 627.736(10), as it fails to include a copy of the Assignment of Benefits.

A review of this claim indicates payment for DOS 01/11/17 was appropriate pursuant to both the terms and conditions of the policy of insurance under which the subject claim is being made, as well as Florida Statute 627.736. Therefore, no additional payment, interest, penalty or postage is due.

[REDACTED]
Page 2
January 24, 2022

We have received your request for a PIP log. Please be advised pursuant to the Florida PIP Statute 627.736 as well as the court's ruling in Progressive American Insurance Company, et al. v Rural/Metro Corporation of Florida (994 SO. 2d 1202), State Farm® is not required to provide you with a PIP log nor are you entitled to receive same.

State Farm® considers this letter responsive to your demand for payment and the requests therein. Should you disagree with the above, or if you have further questions, please do not hesitate to contact me. We reserve our right to raise any defenses concerning the validity of the demand letter or any other defenses that relate to this claim for No-Fault benefits.

Sincerely,

Angie Greer
Claim Specialist
(844) 292-8615 Ext. 8633182967
Fax: (844) 218-1140

State Farm Mutual Automobile Insurance Company

IN THE COUNTY COURT IN AND
FOR MIAMI-DADE COUNTY, FLORIDA

CASE NO.: 2022-015610-CC-25

MSP RECOVERY CLAIM SERIES
44, LLC

PLAINTIFF,

V.

STATE FARM MUTUAL AUTOMOBILE
INSURANCE COMPANY

DEFENDANT.

/

DEFENDANT'S NOTICE OF COMPLIANCE WITH RULE 2.516(b)(1)
AND DESIGNATION OF E-MAIL ADDRESS

COMES NOW STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY, and files this Notice of Designation of Primary Email Address for service of pleadings **only** in compliance with Florida Rule of Judicial Administration 2.516 (b) (1). Primary email address shall be: JD-KD@kubickidraper.com

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by E-mail to: Natalie M. Rico Esq., of Milberg Coleman Bryson Phillips Grossman, PLLC at Nrico@milberg.com, this 1st day of July, 2022.

KUBICKI DRAPER
9100 S. Dadeland Blvd.,
Suite 1800
Miami, FL 33156
Direct Line:305-982-6708
JD-KD@kubickidraper.com

BY: /s/ Jarred S. Dichek

JARRED S. DICHEK
FL BAR# 15978

IN THE COUNTY COURT IN AND
FOR MIAMI-DADE COUNTY, FLORIDA

CASE NO.: 2022-015610-CC-25

MSP RECOVERY CLAIM SERIES
44, LLC

PLAINTIFF,

V.

STATE FARM MUTUAL AUTOMOBILE
INSURANCE COMPANY

DEFENDANT.

DEMAND FOR JURY TRIAL

COMES NOW, STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY, by and through the undersigned counsel, and hereby pursuant to Fla. Sm. Cl. R. 7.150 and F.R.C.P. 1.430, demands a TRIAL BY JURY ON ALL ISSUES SO TRIABLE AS A MATTER OF RIGHT.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by E-mail to: Natalie M. Rico Esq., of Milberg Coleman Bryson Phillips Grossman, PLLC at Nrico@milberg.com, this 1st day of July, 2022.

KUBICKI DRAPER
9100 S. Dadeland Blvd.,
Suite 1800
Miami, FL 33156
Direct Line: 305-982-6708
JD-KD@kubickidraper.com

BY: /s/ Jarred S. Dichek
JARRED S. DICHEK
FL BAR# 15978

IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA.
 IN THE COUNTY COURT IN AND FOR MIAMI-DADE COUNTY, FLORIDA.

DIVISION <input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> DISTRICTS <input type="checkbox"/> OTHER	SUMMONS 20 DAY CORPORATE SERVICE (a) GENERAL FORMS	CASE NUMBER 2022-015610-CC-25
PLAINTIFF(S) MSP Recovery Claims Series 44, LLC	VS. DEFENDANT(S) STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY	SERVICE

THE STATE OF FLORIDA:

To Each Sheriff of the State:

YOU ARE COMMANDED to serve this summons and copy of the complaint or petition in this action on defendant(s): State Farm Mutual Automobile Insurance Company

c/o Chief Financial Office
 200 E. Gaines Street
 Tallahassee, FL 32399

Each defendant is required to serve written defense to the complaint or petition on Plaintiff's Attorney: Natalie M. Rico / Jordan M. Macejka

whose address is: Milberg Coleman Bryson Phillips Grossman, PLLC
 2701 S. LeJune Road, 10th Floor
 Coral Gables, FL 33134

within 20 days " Except when suit is brought pursuant to s. 768.28, Florida Statutes, if the State of Florida, one of its agencies, or one of its officials or employees sued in his or her official capacity is a defendant, the time to respond shall be 40 days.
When suit is brought pursuant to s. 768.28, Florida Statutes, the time to respond shall be 30 days." after service of this summons on that defendant , exclusive of the day of service, and to file the original of the defenses with the Clerk of this Clerk Court either before service on Plaintiff's attorney or immediately thereafter. If a defendant fails to do so, a default will be entered against that defendant for the relief demanded in the complaint or petition.

HARVEY RUVIN CLERK of COURTS	33379  DEPUTY CLERK	CIRCUIT AND COUNTY COURTS CLERK WE TRUST MIAMI-DADE COUNTY, FLORIDA DATE 6/22/2022
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**AMERICANS WITH DISABILITIES ACT OF 1990
ADA NOTICE**

"If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Aliean Simpkins, the Eleventh Judicial Circuit Court's ADA Coordinator, Lawson E. Thomas Courthouse Center, 175 NW 1st Avenue, Suite 2400, Miami, FL 33128; Telephone (305) 349-7175; TDD (305) 349-7174, Email ADA@jud11.flcourts.org; or via Fax at (305) 349-7355, at least seven (7) days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than seven (7) days; if you are hearing or voice impaired, call 711."

CLOCK IN

IN THE COUNTY COURT IN AND
FOR MIAMI-DADE COUNTY, FLORIDA

CASE NO.: 2022-015610-CC-25

MSP RECOVERY CLAIM SERIES
44, LLC

PLAINTIFF,

V.

STATE FARM MUTUAL AUTOMOBILE
INSURANCE COMPANY

DEFENDANT.

/

MOTION FOR EXTENSION OF TIME
TO RESPOND TO PLAINTIFF'S COMPLAINT

COMES NOW, the Defendant **STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY**, hereby files this, its Motion for Extension of Time to Respond to Plaintiff's Complaint, and as grounds therefore would state as follows:

- 1) The undersigned counsel was recently retained as counsel.
- 2) Defendant has not yet been able to secure all of the necessary information to timely and adequately respond to the Complaint.
- 3) Accordingly, the Defendant is herein requesting additional time in order to adequately respond to Plaintiff's Complaint.
- 4) This Motion is not intended to prejudice either party but rather in the interest of justice and to adequately defend the Defendant's interests in this litigation.
- 5) The undersigned shall contact opposing counsel prior to the hearing date in an attempt to secure an agreement regarding this matter and resolve the same without a hearing.

WHEREFORE, the Defendant respectfully requests that the foregoing Motion be granted by this Court and that the Court enter an Order allowing the Defendant a 30 day extension to respond to Plaintiff's Complaint.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by E-mail to: Natalie M. Rico Esq., of Milberg Coleman Bryson Phillips Grossman, PLLC at Nrico@milberg.com, this 6th day of July, 2022.

KUBICKI DRAPER
Attorneys for Defendant
9100 S. Dadeland Blvd., Suite 1800,
Miami, FL 33156
Direct Line: (305) 982-6616
Facsimile: (305) 374-7846
E-service: jd-kd@kubickidraper.com

BY: *Jared S. Dichek*
Jarred S. Dichek, Esq.
Florida Bar No. 15978

IN THE COUNTY COURT IN AND
FOR MIAMI-DADE COUNTY, FLORIDA

CASE NO.: 2022-015610-CC-25

MSP RECOVERY CLAIM SERIES
44, LLC

PLAINTIFF,

V.

STATE FARM MUTUAL AUTOMOBILE
INSURANCE COMPANY

DEFENDANT.

/

NOTICE OF APPEARANCE

COMES NOW, JARRED S. DICHEK, of the law firm of KUBICKI DRAPER, P.A., and files this, his Notice of Appearance on behalf of Defendant, **STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY**, Individually, in the above styled matter, and requests that copies of all future pleadings and correspondence in this case be directed to his attention.

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by E-mail to: Natalie M. Rico Esq., of Milberg Coleman Bryson Phillips Grossman, PLLC at Nrico@milberg.com, this 1st day of July, 2022.

KUBICKI DRAPER
Attorneys for the Defendant
9100 S. Dadeland Blvd.,
Suite 1800
Miami, Florida 33156
Direct Line:305-982-6711
Email: JD-KD@kubickidraper.com

BY: /s/ Jarred S. Dichek
JARRED S. DICHEK, ESQ
Florida Bar No. 15978

IN THE COUNTY COURT IN AND
FOR MIAMI-DADE COUNTY, FLORIDA

CASE NO.: 2022-015610-CC-25

MSP RECOVERY CLAIM SERIES 44, LLC

PLAINTIFF,

v.

STATE FARM MUTUAL AUTOMOBILE
INSURANCE COMPANY

DEFENDANT.

/

**NOTICE OF APPEARANCE OF CO-COUNSEL AND
DESIGNATION OF EMAIL ADDRESS**

COMES NOW, Caryn L. Bellus, Esquire of the law firm of KUBICKI DRAPER, and files this, her Notice of Appearance as Co-Counsel on behalf of Defendant, STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY, in the above styled matter, and requests that copies of all future pleadings and correspondence in this case be directed to his attention.

Designation of Primary Email Address for service of pleadings only in compliance with Florida Rule of Judicial Administration 2.516; the primary email address will be:

CB-KD@kubickidraper.com

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by E-mail to: Natalie M. Rico Esq., of Milberg Coleman Bryson Phillips Grossman, PLLC at Nrico@milberg.com, this 13th day of July, 2022.

KUBICKI DRAPER, P.A.
Counsel for Defendant
9100 S Dadeland Blvd., Suite 1800
Miami, Florida 33156
Direct Line: (305) 982-6634
Facsimile: (305) 374-7846
E-Service: cb-kd@kubickidraper.com

By: /s/ Caryn L. Bellus, Esq.
CARYN L. BELLUS, ESQ.
Florida Bar Number: 060445

IN THE COUNTY COURT IN AND
FOR MIAMI-DADE COUNTY, FLORIDA

CASE NO.: 2022-015610-CC-25

MSP RECOVERY CLAIM SERIES 44, LLC

PLAINTIFF,

V.

STATE FARM MUTUAL AUTOMOBILE
INSURANCE COMPANY

DEFENDANT.

/

**NOTICE OF APPEARANCE OF CO-COUNSEL AND
DESIGNATION OF EMAIL ADDRESS**

COMES NOW, Barbara E. Fox, Esquire of the law firm of KUBICKI DRAPER, and files this, her Notice of Appearance as Co-Counsel on behalf of Defendant, STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY, in the above styled matter, and requests that copies of all future pleadings and correspondence in this case be directed to his attention.

Designation of Primary Email Address for service of pleadings only in compliance with Florida Rule of Judicial Administration 2.516; the primary email address will be:

BF-KD@kubickidraper.com

CERTIFICATE OF SERVICE

I HEREBY CERTIFY that a true and correct copy of the foregoing has been furnished by E-mail to: Natalie M. Rico Esq., of Milberg Coleman Bryson Phillips Grossman, PLLC at Nrico@milberg.com, this 13th day of July, 2022.

KUBICKI DRAPER, P.A.
Counsel for Defendant
9100 S Dadeland Blvd., Suite 1800
Miami, Florida 33156
Direct Line: (305) 982-6634
Facsimile: (305) 374-7846
E-Service: bf-kd@kubickidraper.com

By: /s/ Barbara Fox
BARBARA E. FOX, ESQ.
Florida Bar Number: 155608



CHIEF FINANCIAL OFFICER
JIMMY PATRONIS
STATE OF FLORIDA

MSP RECOVERY CLAIMS SERIES 44, LLC

PLAINTIFF(S)

VS.

STATE FARM MUTUAL AUTOMOBILE
INSURANCE COMPANY

DEFENDANT(S)

SUMMONS, COMPLAINT, CIVIL COVER SHEET

CASE #: 2022-015610-CC-25
COURT: ELEVENTH JUDICIAL CIRCUIT COURT
COUNTY: MIAMI-DADE
DFS-SOP #: 22-000207761

NOTICE OF SERVICE OF PROCESS

NOTICE IS HEREBY GIVEN of acceptance of Service of Process by the Chief Financial Officer of the State of Florida. Said process was received in my office by ELECTRONIC DELIVERY on Friday, June 17, 2022 and a copy was forwarded by ELECTRONIC DELIVERY on Tuesday, June 21, 2022 to the designated agent for the named entity as shown below.

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
LYNETTE COLEMAN
1201 HAYS STREET
TALLAHASSEE, FL 32301

***Our office will only serve the initial process(Summons and Complaint) or Subpoena and is not responsible for transmittal of any subsequent filings, pleadings, or documents unless otherwise ordered by the Court pursuant to Florida Rules of Civil Procedure, Rule #1.080**

A handwritten signature in black ink, appearing to read "Jimmy Patronis".

Jimmy Patronis
Chief Financial Officer

JOHN H. RUIZ
FLORIDA BAR LAWYER
MSP RECOVERY LAW FIRM
2701 S. LEJEUNE RD., 10TH FLOOR
MIAMI, FL 33134

KS1

<input type="checkbox"/> IN THE CIRCUIT COURT OF THE ELEVENTH JUDICIAL CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA.
<input checked="" type="checkbox"/> IN THE COUNTY COURT IN AND FOR MIAMI-DADE COUNTY, FLORIDA.

DIVISION	SUMMONS 20 DAY CORPORATE SERVICE (a) GENERAL FORMS	CASE NUMBER
<input checked="" type="checkbox"/> CIVIL <input type="checkbox"/> DISTRICTS <input type="checkbox"/> OTHER		2022-015610-CC-25
PLAINTIFF(S) MSP Recovery Claims Series 44, LLC	VS. DEFENDANT(S) STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY	SERVICE

THE STATE OF FLORIDA:

To Each Sheriff of the State:

YOU ARE COMMANDED to serve this summons and copy of the complaint or petition in this action on defendant(s): State Farm Mutual Automobile Insurance Company

c/o Chief Financial Office

 200 E. Gaines Street

 Tallahassee, FL 32399

Each defendant is required to serve written defense to the complaint or petition on Plaintiff's Attorney: Natalie M. Rico / Jordan M. Macejka

whose address is: Milberg Coleman Bryson Phillips Grossman, PLLC

 2701 S. LeJune Road, 10th Floor

 Coral Gables, FL 33134

within 20 days “Except when suit is brought pursuant to s. 768.28, Florida Statutes, if the State of Florida, one of its agencies, or one of its officials or employees sued in his or her official capacity is a defendant, the time to respond shall be 40 days.
When suit is brought pursuant to s. 768.28, Florida Statutes, the time to respond shall be 30 days.” after service of this summons on that defendant , exclusive of the day of service, and to file the original of the defenses with the Clerk of this Clerk Court either before service on Plaintiff's attorney or immediately thereafter. If a defendant fails to do so, a default will be entered against that defendant for the relief demanded in the complaint or petition.

HARVEY RUVIN CLERK of COURTS	DEPUTY CLERK	DATE
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**AMERICANS WITH DISABILITIES ACT OF 1990
ADA NOTICE**

“If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Aliean Simpkins, the Eleventh Judicial Circuit Court's ADA Coordinator, Lawson E. Thomas Courthouse Center, 175 NW 1st Avenue, Suite 2400, Miami, FL 33128; Telephone (305) 349-7175; TDD (305) 349-7174, Email ADA@jud11.flcourts.org; or via Fax at (305) 349-7355, at least seven (7) days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than seven (7) days; if you are hearing or voice impaired, call 711.”

CLOCK IN

**IN THE COUNTY COURT OF THE ELEVENTH JUDICIAL
CIRCUIT IN AND FOR MIAMI-DADE COUNTY, FLORIDA**

CASE NO: 2022-015610-CC-25

SECTION: CG02

JUDGE: Elijah A. Levitt

MSP Recovery Claims Series 44, LLC

Plaintiff(s) / Petitioner(s)

vs.

State Farm Mutual Automobile Insurance Company

Defendant(s) / Respondent(s)

**UNIFORM CASE MANAGEMENT ORDER SETTING PRETRIAL DEADLINES AND
RELATED REQUIREMENTS (GENERAL PATHWAY - COUNTY CIVIL PROCEDURE
CASES)**

PLAINTIFF SHALL SERVE THIS ORDER UPON A DEFENDANT WITHIN 10 DAYS OF ANY FILING BY THAT DEFENDANT.

ALL PARTIES MUST READ CAREFULLY AS STRICT COMPLIANCE IS MANDATORY.

In compliance with the mandatory requirements of governing Administrative Orders regarding case management, the Court hereby ORDERS as follows:

1. Attorneys are professionally obligated to diligently litigate the case so litigation can conclude as soon as it is reasonably and justly possible. See Florida Rule of General Practice and Judicial Administration 2.545. The specific pretrial deadlines and requirements set forth herein shall be strictly enforced by the Court. Non-compliance with any part of this Order may result in sanctions including, but not limited to, striking of pleadings, monetary sanctions, waiver and/or default. It is on the parties to promptly and timely schedule hearings on filed motions.
2. The deadlines contained in this Order cannot be waived or extended by stipulation of the parties and remain in effect unless the Court grants an enlargement. A motion seeking an enlargement of a particular deadline shall specify detailed reasons for the enlargement and the amount of time requested.
3. In the event parties are unable to coordinate any non-dispositive and non-evidentiary hearing, deposition, or motion within a reasonable period of time (not less than 72 hours) and after 3 documented attempts, the moving party shall unilaterally set the issue for hearing pursuant to divisional instructions to occur no less than 14 days and no more than 45 days after the third attempt.

4. SETTLEMENT: Counsel shall immediately notify the Court in the event of settlement and submit a Stipulation of Settlement and Order of Dismissal. Counsel shall also notify the Court of any pending hearings that will be cancelled as a result of the settlement.
5. SERVICE: Plaintiffs shall serve their actions promptly by **October 14, 2022** and in compliance with Florida Rule of Civil Procedure 1.070. Service issues shall be addressed promptly and with diligence. No extensions pursuant to Florida Rule of Civil Procedure 1.070 shall be granted without specific proof of diligent effort to effect service and a written explanation of what efforts the Plaintiff intends to pursue to effect service successfully, with proposed deadlines. No extension to serve a defendant beyond **January 11, 2023** shall be allowed.
6. The following litigation deadlines are set:
 - a. ADDITION OF ANY NEW PARTIES shall occur by **December 12, 2022**.
 - b. FACT WITNESS LIST shall be filed by **April 12, 2023**. The fact witnesses shall be in alphabetical order and contain the names and addresses of all non-expert witnesses. Only those witnesses listed shall be permitted to testify without leave of Court. All witness lists shall include a brief description of the substance and scope of the testimony to be elicited. Within 30 days of discovering previously unknown witnesses, either party may seek leave of Court to amend their submissions, disclosures, or discovery obligations.
 - c. EXHIBIT LIST shall be filed by **April 12, 2023**. The Exhibit List shall disclose a list of all documentary and physical evidence intended to be used at trial. Each item shall be specifically described and listed by number and description. Generic descriptions of exhibits are subject to being stricken. All listed exhibits shall have been made available to opposing counsel for examination, initialing, and copying. Parties shall timely amend their exhibit list.
 - d. EXPERT WITNESSES shall be disclosed by **June 11, 2023** with the names and addresses of all the expert witnesses to be called at trial and all information regarding expert testimony that is required by Rule 1.280(b)(5)(A). This includes disclosing the expert's area of expertise and serving a copy of each expert's reports or answers to expert interrogatories, if a report was prepared and/or expert interrogatories propounded. Each party is limited to one expert per specialty. No other expert testimony shall be permitted at trial.
 - e. FACT AND EXPERT DISCOVERY, including all inspections, depositions, and examinations, shall be completed no later than **November 7, 2023**. Written discovery shall be served no later than **October 4, 2023**. The parties shall timely coordinate the scheduling and setting of depositions for all witnesses and/or parties they intend to depose.
 - f. MOTIONS FOR SUMMARY JUDGMENT and DAUBERT MOTIONS shall be filed by **August 10, 2023** and heard no later than **November 7, 2023**.
 - g. OBJECTIONS TO PLEADINGS AND ALL OTHER PRETRIAL MOTIONS, except

for motions in limine, shall be filed by **September 9, 2023** and heard no later than **November 7, 2023**. Any motion not filed and heard prior to the expiration of this deadline may be deemed waived or denied absent extraordinary circumstances which could not have been prudently anticipated, or by order of the Court entered prior to the expiration of the applicable time limitation.

- h. **MEDIATION:** Parties are hereby referred to mandatory mediation, which shall be completed no later than **November 7, 2023**. The parties shall comply with Florida Rules Civil Procedure 1.700, 1.710, 1.720, 1.730, and 1.750 as to the conduct of mediation. Plaintiff's counsel is appointed lead counsel to facilitate, mutually coordinate and schedule the mediation conference. Costs of mediation shall be borne equally by both parties. Failure to mediate in good faith may result in the imposition of monetary sanctions.

- 7. **TRIAL:** The projected date of trial is **December 7, 2023**. A firm trial date will be ordered by the Court when the case is at issue pursuant to Florida Rule of Civil Procedure 1.440. The parties shall do all things reasonable and necessary to assure the availability of their witnesses for the entire trial period or to otherwise preserve their testimony for trial as provided by the Florida Rules of Civil Procedure. Failure to do so will not be grounds for a continuance.

- 8. **JOINT PRETRIAL STIPULATION:** A Joint Pretrial Stipulation shall be filed by all parties (via counsel of record) no later than **November 7, 2023**. All parties shall cooperate in good faith in preparation of the Joint Pretrial Stipulation. Unilateral pretrial stipulations will not be accepted. The single, unified submission shall contain the following information in separately numbered paragraphs or sections:
 - a. **Stipulated Statement of Facts:** A list of those facts that can be stipulated to and require no proof at the trial, together with a concise, impartial statement of the facts of the case.
 - b. **Statements of Disputed Law & Fact:** Those issues of law and fact that are to be tried.
 - c. **Witness Lists:** Parties shall attach the witness lists filed consistent with Paragraph 6b. and 6d. of this Order, including all rebuttal or impeachment witnesses. If any party objects to any witness, such objections shall be stated in the Stipulation, setting forth the grounds with specificity. At trial, all parties shall be strictly limited to witnesses properly and timely disclosed.
 - d. **Exhibit Lists:** Counsel shall initial each other party's exhibit list and exhibits consistent with Paragraph 6c. of this Order. If any party objects to the introduction of any such exhibit, such objection shall be stated in the Stipulation, setting forth the grounds with specificity. Parties shall attach the final, initialed exhibit lists with objections. Only those exhibits listed and initialed may be offered in evidence.
 - e. **Jury Instructions:** If the trial is a jury trial, counsel shall identify and attach all agreed upon standard instructions and all special instructions. Any disputed jury instructions shall be attached and identified as to the party that proposed the instruction, along with copies of supporting case law.

- f. Verdict Forms: If the trial is a jury trial, the proposed jury verdict forms shall be attached and designated as agreed to or disputed.
- g. Motions in Limine: Each party shall make any anticipated motion(s) in limine indicating all stipulations/agreed items and any motion(s) in limine requiring a Court ruling.
- h. Trial Estimate: Each party shall provide an estimate of the number of days for trial.
- i. Daubert issues: All Daubert issues involving any requests for Daubert-related evidence shall be in writing. Failure to do so shall constitute a waiver of any Daubert-related evidence issue.
- j. Other issues: The parties shall list any other issue that could potentially take up unnecessary time during the trial to facilitate the resolution of those matters prior to the trial date.

DONE and ORDERED in Chambers at Miami-Dade County, Florida on this 27th day of June, 2022.



2022-015610-CC-25 06-27-2022 4:18 PM
Hon. Elijah A. Levitt

COUNTY COURT JUDGE
Electronically Signed

No Further Judicial Action Required on **THIS MOTION**

CLERK TO RECLOSE CASE IF POST JUDGMENT

Electronically Served:

Jordan M. Macejka, jmacejka@milberg.com
Jordan M. Macejka, MCBPG_service@firmspro.com
Natalie Marie Rico, nrico@milberg.com
Natalie Marie Rico, amkamanga@milberg.com
Natalie Marie Rico, tlancaster@milberg.com

Physically Served: